


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90214 037 ****70.00

DOCUMENT # N24791	
1. Entity Name LOBLOLLY PINES PROPERTY OWNERS' ASSOCIATION, INCORPORATED	

Principal Place of Business 7407 S.E. HILL TERR. HOBE SOUND, FL 33455	Mailing Address 7407 S.E. HILL TERR. HOBE SOUND, FL 33455
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01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0119224	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORNETT, JANE 401 E OSCEOLA ST. STUART, FL 34994		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> CASTELLO, JOHN B <i>Costello</i> <input type="checkbox"/> Delete 7004 SE GOLFHOUSE DR. HOBE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> Mawn, Barry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6270 SE Mourning Dove Way Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> JENKINS, SALLE <input type="checkbox"/> Delete 7407 S.E. HILL TERRACE HOBE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> Morcott Southwood <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 712B SE Greenview Place Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> WAKEFELD, DAVID D <input type="checkbox"/> Delete 6946 SE MOURNING DOVE WAY HOBE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> Baldwin, Margaret <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7164 SE Greenview Place Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> SIMKO, GEORGE <input type="checkbox"/> Delete 7966 SE GOLFHOUSE DR HOBE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> Buchanan, Peter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8069 SE Golfhouse Dr. Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> HAMBLIN, TISH <input checked="" type="checkbox"/> Delete 6764 SE MOURNING DR. WAY HOBE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> MUNN, STEPHEN <input type="checkbox"/> Delete 7102 SE MOURNING DOVE WY HOBE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07 (772) 546-9700