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

HOBE SOUND, FL 33455				HOBE SOUND, FL 33455									
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Principal Place of Business - No P.O. Box # 3. Mailing Address													
_Suite, Apt#, etc			Su	Suite, Apt. #, etc.				01042007	' Chg	-NP	CR2E	037 (12/06)	
City & State			Ci	City & State				4. FEI Num 65-01	ber 19224				plied For
Zip Country			Zi	Zip Country						us Desired		\$8.75 Add	
C None and Address of Course to Revision			ard Arrent				Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent						
6. Name and Address of Current Registered Agent						Name		7. Name a	iu Addre	SS OF NEW R	egistered	2 Affaur	
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	named entitions of regis	ry submits this stateme	ent for the purp	oose of changing its r	egistere	d office o	r register	ed agent, or l	ooth, in th	e State of Flo	rida. Tar	n familiar with,	and accept
the oungar	ions or regis	tered agent.											
SIGNATURE .								<u> </u>					
	Signature, typed	d or printed name of registered	agent and title if ap	plicable. (NOTE:	Registered	1 Agent signat	ture required	when reinstating)	. ,		DATE		
Filing Fee is \$61.25					9. Election Campaign Financing			\$5.00 May	/ Be			ck payable t	
Due by May 1, 2007				Trust Fund Contribution.			Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					tate	
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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

14/07

(112) 546-9700

Daytime Phone #