

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24791

FILED
Apr 07, 2009
Secretary of State

Entity Name: LOBLOLLY PINES PROPERTY OWNERS' ASSOCIATION, INCORPORATED

Current Principal Place of Business:

7407 S.E. HILL TERR.
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

7407 S.E. HILL TERR.
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 65-0119224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE
401 E OSCEOLA ST.
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, KATIE
Address: 8251 SE GOLFHOUSE DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: PLATT, LEONARD S
Address: 7133 SE GOLFHOUSE DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: T () Delete
Name: WAKEFELD, DAVID D
Address: 6946 SE MOURNING DOVE WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: S () Delete
Name: SIMKO, GEORGE
Address: 7966 SE GULFHOUSE DR
City-St-Zip: HOBE SOUND, FL 33455

Title: VP () Delete
Name: MAWN, BARRY
Address: 6270 SE MORNING DOVE WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: BALDWIN, MARGARET
Address: 7164 SE GREENVIEW PL
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WIEDENMAYER, CHRISTOPHER M
Address: 6322 SE MOURNING DOVE WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: S (X) Change () Addition
Name: DOWNEY, KATHY
Address: 7940 SE GOLFHOUSE DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: P (X) Change () Addition
Name: MAWN, BARRY
Address: 6270 SE MORNING DOVE WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY MAWN

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date