

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24929 (4)

1. Corporation Name  
WEST PINES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address  
P. O. BOX 353202 PALM COAST FL 32135-3202  
P. O. BOX 353202 PALM COAST FL 32135-3202

3. Date Incorporated or Qualified 02/22/1988  
3a. Date of Last Report 04/08/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
4. FEI Number 59-2864669 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
WHITE, WILLIAM A  
PALM COAST PROPERTY MGMNT.  
296 PALM COAST OKWY  
PALM COAST FL 32137  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE [Signature] DATE

12. OFFICERS AND DIRECTORS  
TITLE PD TUBBS, STEVE DELETED  
NAME TUBBS, STEVE  
STREET ADDRESS EXECUTIVE OFFICES  
CITY-ST-ZIP PALM COAST FL  
TITLE VD BUTLER, SAM DELETED  
NAME BUTLER, SAM  
STREET ADDRESS EXECUTIVE OFFICES  
CITY-ST-ZIP PALM COAST FL  
TITLE DS ARBERG, LEE DELETED  
NAME ARBERG, LEE  
STREET ADDRESS 1 CORPORATE DRIVE  
CITY-ST-ZIP PALM COAST FL 32137  
TITLE DT CLINE, SAM DELETED  
NAME CLINE, SAM  
STREET ADDRESS 1 CORPORATE DRIVE  
CITY-ST-ZIP PALM COAST FL 32137  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PD Change Addition  
1.2 NAME DAVID LUSBY  
1.3 STREET ADDRESS ONE CORPORATE DRIVE  
1.4 CITY-ST-ZIP PALM COAST, FL 32137  
2.1 TITLE VPD Change Addition  
2.2 NAME CAROL BENEDICT  
2.3 STREET ADDRESS ONE CORPORATE DR.  
2.4 CITY-ST-ZIP PALM COAST, FL 32137  
3.1 TITLE STD Change Addition  
3.2 NAME MARILYN PARKER  
3.3 STREET ADDRESS ONE CORPORATE DR  
3.4 CITY-ST-ZIP PALM COAST, FL 32137  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE 2/10/97 904 446-6226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 8002843

CR2E037 (9/96)