

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24929

1. Entity Name

WEST PINES HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90025 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P. O. BOX 353202  
 PALM COAST FL 32135-3202

P. O. BOX 353202  
 PALM COAST FL 32135-3202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2864669

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

S., NEGRON  
 PALM COAST PROPERTY MGMNT.  
 296 PALM COAST OKWY  
 PALM COAST FL 32137

Name **FRED ANNON, JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**PALM COAST PROPERTY MANAGEMENT**  
**7 FLORIDA PARK DRIVE, SUITE C**  
 City **PALM COAST** FL Zip Code **32137**

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.

SIGNATURE

02-08-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | PD               | <input type="checkbox"/> Delete |
| NAME           | LUSBY, DAVID     |                                 |
| STREET ADDRESS | ONE CORPORATE DR |                                 |
| CITY-ST-ZIP    | PALM COAST FL    |                                 |
| TITLE          | VPD              | <input type="checkbox"/> Delete |
| NAME           | BENEDICT, CAROL  |                                 |
| STREET ADDRESS | ONE CORPORATE DR |                                 |
| CITY-ST-ZIP    | PALM COAST FL    |                                 |
| TITLE          | STD              | <input type="checkbox"/> Delete |
| NAME           | PARKER, MARILYN  |                                 |
| STREET ADDRESS | ONE CORPORATE DR |                                 |
| CITY-ST-ZIP    | PALM COAST FL    |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. I 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 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 #

CR2E037 (9/99)