


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90049 009 ****61.25

DOCUMENT # N24929

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



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

Mailing Address
 P. O. BOX 353202
 PALM COAST, FL 32135-3202

20021642



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01202005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

ANNON, FRED JR
PALM COAST PROPERTY MGMNT.
7 FLORIDA PARK DR STE C
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

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: *[Signature]* DATE: *03-11-2005*

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

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUTTER, FRED	
STREET ADDRESS	43 WEYMOUTH LANE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGEE, BILL	
STREET ADDRESS	59 WEYMAOUTH LANE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BOONE, WALTER	
STREET ADDRESS	29 WEYMOUTH LANE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hochstadt, Denise	
STREET ADDRESS	27 Weymouth Lane	
CITY-ST-ZIP	Palm Coast, FL 32164	
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: *Walter R Boone* DATE: *3/8/05* DAYTIME PHONE #: *386-446-6333*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #