


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90214 002 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
5. Certificate of Status Desired <input type="checkbox"/>		01082007 Chg-NP CR2E037 (12/06) Applied For Not Applicable	
4. FEI Number 59-2864669		\$8.75 Additional Fee Required 5. Certificate of Status Desired <input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANNON, FRED JR PALM COAST PROPERTY MGMNT. 7 FLORIDA PARK DR STE C PALM COAST, FL 32137		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKETT, ED	NAME	
STREET ADDRESS	51 WEYMOUTH LN	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32164	CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOONE, JEAN	NAME	Hochstadt, Denise
STREET ADDRESS	29 WEYMOUTH LN	STREET ADDRESS	27 Weymouth Lane
CITY-ST-ZIP	PALM COAST, FL 32164	CITY-ST-ZIP	Palm Coast, FL 32164
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALARCO, ANTHONY	NAME	
STREET ADDRESS	73 WEYMOUTH LN	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32164	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Denise C Hochstadt</u>		Date: <u>1/11/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>396-446-6333</u> <small>Daytime Phone #</small>	