

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90004 034 \*\*\*\*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 #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-2864669 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



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 *02/13/2008*

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

**Filing Fee is \$61.25 Due by May 1, 2008**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" 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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCHSTADT, DENISE		NAME		
STREET ADDRESS	27 WEYMOUTH LN		STREET ADDRESS		
CITY- ST- ZIP	PALM COAST, FL 32164		CITY- ST- ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALARCO, ANTHONY		NAME	Calarco, Anthony	
STREET ADDRESS	73 WEYMOUTH LN		STREET ADDRESS	73 Weymouth Lane	
CITY- ST- ZIP	PALM COAST, FL 32164		CITY- ST- ZIP	Palm Coast, FL 32164	
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Boone, Jean	
STREET ADDRESS			STREET ADDRESS	29 Weymouth Lane	
CITY- ST- ZIP			CITY- ST- ZIP	Palm Coast, FL 32164	
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: *[Signature]* **396-446-6333**

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