

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24929

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

P. O. BOX 353202  
PALM COAST, FL 321353202

**New Principal Place of Business:**

7 FLORIDA PARK DRIVE NORTH  
PALM COAST, FL 32137

**Current Mailing Address:**

P. O. BOX 353202  
PALM COAST, FL 321353202

**New Mailing Address:**

P. O. BOX 353202  
PALM COAST, FL 32135

FEI Number: 59-2864669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ANNON, FRED JR  
SOUTHERN STATES MANAGEMENT GRP  
7 FLORIDA PARK DR STE C  
PALM COAST, FL 32137 US

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: FRED ANNON, JR.

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: HOCHSTADT, DENISE  
Address: 27 WEYMOUTH LN  
City-St-Zip: PALM COAST, FL 32164

Title: PD ( ) Delete  
Name: CALARCO, ANTHONY  
Address: 73 WEYMOUTH LANE  
City-St-Zip: PALM COAST, FL 32164

Title: VP ( ) Delete  
Name: BOONE, JEAN  
Address: 29 WEYMOUTH LANE  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPTD (X) Change ( ) Addition  
Name: HOCHSTADT, DENISE  
Address: POST OFFICE BOX 353202  
City-St-Zip: PALM COAST, FL 32135

Title: PD (X) Change ( ) Addition  
Name: CALARCO, ANTHONY  
Address: POST OFFICE BOX 353202  
City-St-Zip: PALM COAST, FL 32135

Title: SD (X) Change ( ) Addition  
Name: BOONE, JEAN  
Address: POST OFFICE BOX 353202  
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY CALARCO

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date