FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(5)

NORTHERN PINE TRACE HOMEOWNERS ASSOCIATION, INC.				A CRANINAL BHY GLOLO BHING MERIL GLOLU (RAL AHALI BURN) GLOUR GLOLU ALGU GUSHA KISAL ANGU
Principal Place	e of Business	Mailing Address		
120 NORTHERN PINE		120 NORTHERN PINE		3. Date Incorporated or Qualified
FT WALTON BE	ACH FL 32547	FT WALTON BEACH FL 3254	,	12/03/1991
				4. FEI Number Applied For
9 Principal P	lace of Business	2a. Mailing Address		59-3098940 Not Applicable
21	NON JUX	. 26 117 NOVAL	ren Ane	5. Certificate of Status Desired Section 5. Section 5. Section 6.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		8. Election Campaign Financing \$5.00 May Be
Çity & State		City & State		Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?
23 FWE	5 FL-	City & State	1	7. Is this honorous corporation in noneowners association?
Z _P	Country	Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes VIII No
24 00-2	9. Name and Address of Currer		<u> </u>	Personal Property Tax due June 30. Yes W No 10. Name and Address of New Registered Agent
			81 Name	Grego Costabile
JULIE H	URST		B2 Street A	Address (P.D. Box Number is Not Aceoptable)
120 NORTHERN OINE			4 Northern Mine	
FT WALT	FON BEACH FL 32547-1174		63	
	- 1		84 City	WB FL B5 ZIP Code 17
11. Pursuant to the provisions of Sections \$17,0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered				
11. Pursuant to the previsions of Sections of 70502 and 617, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept in obligations of, Section 617,0503, Florida Statutes.				
SIGNATURE Signature, typic glykinted name of registered agent and title ill applicable. (NOTE Registered Agent signature required when reinstating) DATE				
12.		OD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE		PD Change Addition
NAME	JULIE HURST		1.2 NAME	Grega Coslabile
STREET ADDRESS	120 NORTHERN PINE RD.		1.3 STREET ADDRESS	114 Horthern Pine
CITY-ST-ZIP	FT WALTON BCH FL		1.4 CITY-ST-ZIP	FWB FL 52547
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VERONICA JOINER 118 NORTHERN PINE RD.		2.2 NAME	
STREET ADDRESS	FT WALTON BCH FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	SD SD	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROB SHANER		3.2 NAME	•
STREET ADDRESS	108 NORTHERN PINE RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change L_ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADORESS	
CITY-ST-ZIP TITLE		DELETE	4.4 City-St-ZiP 5.1 Title	☐ Change ☐ Addition
NAME		<u></u>	5.2 NAME	
STREET ADDRESS			5.3 STREET ADORESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	•
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
City-St-ZiP	ertify that the information supplied u	vito this filthe does not qualify for	6.4 CITY-ST-ZIP	d in Section 119 07(3)(i). Florida Statutes I further certify that the information
14. I hereby certify that the information supplied with this liking does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of yustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an effective with an address				
Block 12 or Block 13 if changed, or on an attachyront with an address				

1111 ct 11