

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90105 010 \*\*\*\*61.25

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**DOCUMENT # N46247**

1. Corporation Name

**NORTHERN PINE TRACE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

114 NORTHERN PINE  
FT WALTON BEACH FL 32547  
US

Mailing Address

114 NORTHERN PINE  
FT WALTON BEACH FL 32547  
US



2. Principal Place of Business

21 *108 Northern Pine Rd*

2a. Mailing Address

26 *108 Northern Pine Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 *Ft Walton Bch, Florida*

City & State

28 *Ft Walton Bch, Florida*

Zip

Country

Zip

Country

24 *32547*

25

29 *32547*

30

3. Date Incorporated or Qualified

*12/03/1991*

4. FEI Number

*59-3098940*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

COSTABILE, GREGG

114 NORTHERN PINE

FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name

*Robin Shaner*

82 Street Address (P.O. Box Number is Not Acceptable)

*108 Northern Pine Rd*

83

84 City

*Ft Walton Bch*

FL

85 Zip Code

*32547*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robin Shaner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME COSTABILE, GREGG  
STREET ADDRESS 114 NORTHERN PINE  
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE TD ☐ DELETE  
NAME VERONICA JOINER  
STREET ADDRESS 118 NORTHERN PINE RD.  
CITY-ST-ZIP FT WALTON BCH FL

TITLE SD ☒ DELETE  
NAME ROB SHANER  
STREET ADDRESS 108 NORTHERN PINE RD.  
CITY-ST-ZIP FT WALTON BCH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *PD* ☒ Change ☐ Addition  
1.2 NAME *Robin Shaner*  
1.3 STREET ADDRESS *108 Northern Pine Rd*  
1.4 CITY-ST-ZIP *Ft Walton Bch FL*

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robin Shaner* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 9, 1999*

Date

*850-863-4587*

Daytime Phone #

CR2E037 (11/98)