

2000 UNIFORM BUSINESS REPORT (UBR)

3/9

FILED
May 15, 2000 8:00 am
Secretary of State

03-09-2000 90101 041 ****61.25

DOCUMENT # N46247

1. Entity Name

NORTHERN PINE TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

108 NORTHERN PINE ROAD
FT WALTON BEACH FL 32547
US

Mailing Address

108 NORTHERN PINE ROAD
FT WALTON BEACH FL 32547-1121
US

2. Principal Place of Business

108 Northern Pine Rd
Suite, Apt. #, etc.

3. Mailing Address

108 Northern Pine Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ft Walton Bch, Florida

Zip
32547

Country

City & State
Ft Walton Bch, Florida

Zip
32547

Country

4. FEI Number

59-3098940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHANER, ROBIN
108 NORTHERN PINE ROAD
FT WALTON BEACH FL 32547

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.

SIGNATURE Robin L. Shaner
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4 Mar. 2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHANER, ROBIN
STREET ADDRESS 108 NORTHERN PINE ROAD
CITY-ST-ZIP FT WALTON BEACH FL 32547 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DONNA Krueger SD
STREET ADDRESS 110 Northern Pine Rd
CITY-ST-ZIP Ft Walton Bch FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: Robin L. Shaner **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Mar. 2000

Date

850-863-4587

Daytime Phone #

CR2E037 (9/99)