

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

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 US**



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHANER, ROBIN
STREET ADDRESS	108 NORTHERN PINE ROAD
CITY-ST-ZIP	FT WALTON BEACH, FL 32547
TITLE	TD
NAME	VERONICA JOINER
STREET ADDRESS	118 NORTHERN PINE RD.
CITY-ST-ZIP	FT WALTON BCH, FL
TITLE	SD
NAME	KRUEGER, DONNA
STREET ADDRESS	110 NORTHERN PINE RD
CITY-ST-ZIP	FT. WALTON BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/05-80053-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 S. Shaner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Feb. 2005 (850-863-4587)
Date Daytime Phone #