

**2006-NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 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**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-NP

CR2E037 (11/05)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

03/22/06-80060-006 61.25

10. OFFICERS AND DIRECTORS

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

**TD
NAME VERONICA JOINER
STREET ADDRESS 118 NORTHERN PINE RD.
CITY-ST-ZIP FT WALTON BCH, FL**

**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**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 J. Shaner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 MAR. 06 (350-863-4587)

Date

Daytime Phone