


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
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
---	---



02272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3098940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000876074 04/11/08-80059-003 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANER, ROBIN 108 NORTHERN PINE ROAD FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VERONICA JOINER 118 NORTHERN PINE RD. FT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLIGAN, PENNY 116 NORTHERN PINE RD FORT WALTON BEACH, FL 32547
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: Veronica Joiner Mar. 26, 2008 850-862-3288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #