

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46247

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** NORTHERN PINE TRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

108 NORTHERN PINE ROAD  
FT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

108 NORTHERN PINE ROAD  
FT WALTON BEACH, FL 32547 US

**New Mailing Address:**

**FEI Number:** 59-3098940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHANER, ROBIN  
Address: 108 NORTHERN PINE ROAD  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: TD ( ) Delete  
Name: VERONICA JOINER,  
Address: 118 NORTHERN PINE RD.  
City-St-Zip: FT WALTON BCH, FL

Title: SD ( ) Delete  
Name: MILLIGAN, PENNY  
Address: 116 NORTHERN PINE RD  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA JOINER

TD

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date