

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000329

FILED  
Aug 15, 2006  
Secretary of State

**Entity Name:** PINE COAST PLANTATION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 986  
CARRABELLE, FL 32322

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 986  
CARRABELLE, FL 32322

**New Mailing Address:**

**FEI Number:** 59-3186114      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SAPP, BOBBY  
201 W.8TH STREET  
CARRABELLE, FL 32322 US

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: DR ( ) Delete  
Name: RENARD, PAUL  
Address: 616 HICKORY HAMMOCK RD  
City-St-Zip: CARRABELLE, FL 32322

Title: PRES ( ) Delete  
Name: SAPP, BOBBY  
Address: P.O. BOX 4  
City-St-Zip: CARRABELLE, FL 32322

Title: DR ( ) Delete  
Name: STOUTAMIRE, LAWRENCE  
Address: 881 HICKORY HAMMOCK  
City-St-Zip: CARRABELLE, FL 32322

**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 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: LAWRENCE STOUTAMIRE

DR

08/15/2006

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

\_\_\_\_\_  
Date