2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State
03-17-2008 90017 006 ****61.25

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1. Entity Name

PINE COAST PLANTATION HOMEOWNERS ASSOCIATION, INC.

1st MOORE CR2E037 (10/07)

Principal Place of Business	Mailing Address
P. O. BOX 986 CARRABELLE FL 32322	P. O. BOX 986 CARRABELLE FL 32322

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3186114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAPP, BOBBY
201 CLARKS LANDING ROAD
CARRABELLE FL 32322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR RENARD, PAUL 616 HICKORY HAMMOCK RD CARRABELLE FL 32322	☒ Delete	VP Renard, Paul 616 Hickory Hammock Rd Carrabelle, Fl 32322	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES SAPP, BOBBY P.O. BOX 4 CARRABELLE FL 32322	☐ Delete	DR Alvin Morris 435 Mill Rd. Carrabelle, Fl 32322	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR STOUTAMIRE, LAWRENCE 881 HICKORY HAMMOCK CARRABELLE FL 32322	☐ Delete	S Jan Stoutamire 881 Hickory Hammock Carrabelle, Fl 32322	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DR Thomas Herzog 115 Herzog Dr. Carrabelle, Fl 32322	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T Kathleen Herzog 115 Herzog Dr Carrabelle, Fl 32322	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bobby Sapp 2-21-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date