

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000329

FILED
Mar 24, 2009
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 ()

Name and Address of Current Registered Agent:

SAPP, BOBBY
201 CLARKS LANDING ROAD
CARRABELLE, FL 32322 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: VP () 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

Title: DR () Delete
Name: HERZOG, THOMAS
Address: 115 HERZOG RD.
City-St-Zip: CARRABELLE, FL 32322

Title: T () Delete
Name: HERZOG, KATHLEEN
Address: 115 HERZOG DR.
City-St-Zip: CARRABELLE, FL 32322

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: STOUTAMIRE, JANET
Address: 881 HICKORY HAMMOCK
City-St-Zip: CARRABELLE, FL 32322

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

Title: T (X) Change () Addition
Name: HERZOG, KATHLEEN
Address: 115 HERZOG DR.
City-St-Zip: CARRABELLE, FL 32322

Title: DR () Change (X) Addition
Name: MORRIS, ALVIN
Address: 435 MILL RD
City-St-Zip: CARRABELLE, FL 32322

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: KATHLEEN A HERZOG

TREA

03/24/2009

Electronic Signature of Signing Officer or Director

Date