

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000329

FILED
Apr 26, 2012
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:

635 CLARKS LANDING ROAD
CARRABELLE, FL 32322

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:

SAPP, BOBBY
635 CLARKS LANDING ROAD
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: BOBBY SAPP

04/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BOBBY, SAPP
Address: P.O. BOX U
City-St-Zip: CARRABELLE, FL 32322

Title: VP
Name: JETTON, FRED
Address: P.O. BOX 45
City-St-Zip: CARRABELLE, FL 32322

Title: S
Name: FOLKS, KAREN
Address: P.O. BOX F
City-St-Zip: CARRABELLE, FL 32322

Title: T
Name: HOLTON, CHARLENE
Address: P.O. BOX 450
City-St-Zip: CARRABELLE, FL 32322

I hereby 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 all other like empowered.

SIGNATURE: CHARLENE HOLTON

T

04/26/2012

Electronic Signature of Signing Officer or Director

Date