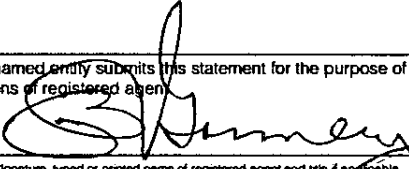
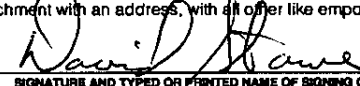


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90030 014 ****61.25

DOCUMENT # N93000003446 1. Entity Name BURNT PINE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 215 GRAND BLVD. DESTIN, FL 32550 US			Mailing Address 215 GRAND BLVD. DESTIN, FL 32550 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3203703	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BELL, DAVIE W 215 GRAND BLVD. DESTIN, FL 32550				7. Name and Address of New Registered Agent Name TERRY P. GORMLEY Street Address (P.O. Box Number is Not Acceptable) 215 GRAND BLVD City MIRAMAR BEACH FL Zip Code 32550	
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  DATE 2/3/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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	DP STOWE, DAVID 3201 BAY ESTATES DRIVE DESTIN, FL 32550	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, ELTON 3111 MERION DR DESTIN FL 32550	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RIEDEL, STEVE C 3271 BURNT PINE LANE DESTIN, FL 32550	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, TONY 3017 CLUB DR DESTIN FL 32550	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAITY, JOHN 44 MAHER AVE. GREENWICH, CT 06830	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRILL, SUE 3259 BURNT PINE COVE DESTIN, FL 32550	☒ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRILL, SUE 3259 BURNT PINE COVE DESTIN, FL 32550	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLINGER, DOUGLAS J 11801 SPINAL PASS CINCINNATI, OH 45249	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMARCHE, JUDITH 167 COVE AT SEVENTEEN DESTIN, FL 32550	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5492 Grand Legacy DR MAINEVILLE OH 45039	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMARCHE, JUDITH 167 COVE AT SEVENTEEN DESTIN, FL 32550	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1806 ONE BEACH CLUB DR	☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					