2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90030 014 ****61.25

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1. Entity Name
BURNT PINE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
215 GRAND BLVD. DESTIN, FL 32550 US	215 GRAND BLVD. DESTIN, FL 32550 US

01222004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3203703 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELL, DAVIE W 215 GRAND BLVD. DESTIN, FL 32550	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 _____ 2/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		☐ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLINGER, DOUGLAS J 11801 SPINAL PASS CINCINNATI, OH 45249	☐ 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 #