


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90027 015 \*\*\*\*61.25

<b>DOCUMENT # N99000004787</b> 1. Entity Name LOST PINES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 412 LANDRESS LANE DELAND, FL 32724			Mailing Address 412 LANDRESS LANE DELAND, FL 32724		
2. Principal Place of Business 403 LANDRESS LANE Suite, Apt. #, etc.		3. Mailing Address 403 LANDRESS LANE Suite, Apt. #, etc.			
City & State Deland - FLA		City & State Deland - FLA		4. FEI Number 59-3654769	
Zip 32724		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SMITH, VICTORIA 412 LANDRESS LANE DELAND, FL 32724				7. Name and Address of New Registered Agent Name: ROLAND T. MANS Street Address (P.O. Box Number is Not Acceptable): 403 LANDRESS LANE City: Deland FL Zip Code: 32724	
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: <u>Roland Mans</u> ROLAND T. MANS 3/8/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME MANS, ROLAND STREET ADDRESS 403 LANDRESS LANE CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE V.P. NAME ROLAND T. MANS STREET ADDRESS 403 LANDRESS LANE - DELAND, FLA. 32724 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SMITH, MICHAEL STREET ADDRESS 412 LANDRESS LANE CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME MARIA S. MANS STREET ADDRESS 403 LANDRESS LANE - DELAND, FLA. 32724 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SMITH, VICTORIA STREET ADDRESS 412 LANDRESS LANE CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE Treasurer President NAME FRANK CORMIER STREET ADDRESS 411 LANDRESS LANE, DELAND, FL. 32724 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME SMITH, VICTORIA STREET ADDRESS 412 LANDRESS LANE CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE treasure NAME MARIA S. MANS STREET ADDRESS 403 LANDRESS LANE - DELAND, FL. 32724 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Roland Mans</u> ROLAND T. MANS 3/8/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					