Amended

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

09-11-2006 90005 005 ****61.25
N99000004787

DOCUMENT # N99000004787

1. Entity Name
LOST PINES HOMEOWNER'S ASSOCIATION, INC.

FILED
06 SEP 12 PM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
412 LANDRESS LANE DELAND, FL 32724	412 LANDRESS LANE DELAND, FL 32724

03072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
411 ~~403~~ LANDRESS LANE Suite, Apt. #, etc.	411 LANDRESS LANE Suite, Apt. #, etc.
City-State: DELAND FLA	City-State: DELAND. FLA
Zip: 32724 Country: USA	Zip: 32724 Country: USA

4. FEI Number 59-3654769 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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): 411 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: R.O. Landmans DATE: 9/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2006

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	PD MANS, ROLAND 403 LANDRESS LANE DELAND, FL 32724	☒ Delete	President Frank Cormier 411 LANDRESS LANE · DELAND · FLA 32724	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, MICHAEL 412 LANDRESS LANE DELAND, FL 32724	☒ Delete	Vice Pres · ROLAND MANS 403 LANDRESS LANE DELAND · FLA · 32724	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH, VICTORIA 412 LANDRESS LANE DELAND, FL 32724	☒ Delete	T.D. Maria Mans 403 LANDRESS LANE. DELAND. FLA. 32724	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, VICTORIA 412 LANDRESS LANE DELAND, FL 32724	☒ Delete	S.D. MARIA MANS 403 LANDRESS LANE. DELAND. FLA. 32724	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: R.O. Landmans V.P. 9.4.06 386-740-7169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #