

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N99000004787**

1. Entity Name

LOST PINES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

411 LANDRESS LANE  
DELAND, FL 32724

Mailing Address

411 LANDRESS LANE  
DELAND, FL 32724



03152007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

MANS, ROLAND T  
411 LANDRESS LANE  
DELAND, FL 32724

**DO NOT WRITE  
IN THIS SPACE**

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

*Roland Mans*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/2/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CORMIER, FRANK  
411 LANDRESS LANE  
DELAND, FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MANS, ROLAND  
403 LANDRESS LANE  
DELAND, FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MANS, MARIA  
403 LANDRESS LANE  
DELAND, FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MANS, MARIA  
403 LANDRESS LANE  
DELAND, FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000693766  
04/16/07-80052-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Roland Mans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*4/2/07 1-386-746-7169*