


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90043 016 \*\*\*\*61.25

<b>DOCUMENT # N99000004787</b> 1. Entity Name <b>LOST PINES HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>411 LANDRESS LANE DELAND, FL 32724</b>			Mailing Address <b>411 LANDRESS LANE DELAND, FL 32724</b>		
2. Principal Place of Business - No P.O. Box # <b>404 Landress Ln</b>		3. Mailing Address <b>404 Landress Ln.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Deland FL.</b>		City & State <b>Deland FL.</b>		4. FEI Number <b>59-3654769</b>	
Zip <b>32724</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MANS, ROLAND T 411 LANDRESS LANE DELAND, FL 32724</b>			7. Name and Address of New Registered Agent Name <b>Thomas R. Sullivan</b> Street Address (P.O. Box Number is Not Acceptable) <b>404 Landress Ln</b> City <b>Deland</b> <b>FL</b> Zip Code <b>32724</b>		
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>Thomas R. Sullivan</u> <b>Thomas R. SULLIVAN PRESIDENT</b> <b>2 21 08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORMIER, FRANK 411 LANDRESS LANE DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sullivan, Thomas 404 Landress Ln Deland FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANS, ROLAND 403 LANDRESS LANE DELAND, FL 32724	<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	TD MANS, MARIA 403 LANDRESS LANE DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sullivan, melinda 404 Landress Ln Deland FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANS, MARIA 403 LANDRESS LANE DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sullivan, melinda 404 Landress Ln Deland FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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.					
<b>SIGNATURE: <u>Thomas R. Sullivan</u> <b>2-19-08</b> <b>386-734 9914</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					