

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004787

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** LOST PINES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

404 LANDRESS LANE  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

411 LANDRESS LANE  
DELAND, FL 32724

**New Mailing Address:**

404 LANDRESS LANE  
DELAND, FL 32724

**FEI Number:** 59-3654769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, THOMAS R  
404 LANDRESS W  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SULLIVAN, THOMAS  
Address: 404 LANDRESS LANE  
City-St-Zip: DELAND, FL 32724

Title: VP ( ) Delete  
Name: MANS, ROLAND  
Address: 403 LANDRESS LANE  
City-St-Zip: DELAND, FL 32724

Title: TD ( ) Delete  
Name: SULLIVAN, MELINDA  
Address: 404 LANDRESS LANE  
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete  
Name: SULLIVAN, MELINDA  
Address: 404 LANDRESS W  
City-St-Zip: DELAND, FL 32724

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ELMORE, ROBERT  
Address: 408 LANDRESS LANE  
City-St-Zip: DELAND, FL 32724

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELINDA SULLIVAN

SD

04/03/2009

Electronic Signature of Signing Officer or Director

Date