

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004787

FILED  
Jan 08, 2012  
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:**

404 LANDRESS LANE  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 59-3654769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, DOROTHY G  
402 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  
Name: SULLIVAN, MELINDA  
Address: 404 LANDRESS LANE  
City-St-Zip: DELAND, FL 32724

Title: VP  
Name: ARICO, ANTHONY  
Address: 405 LANDRESS LANE  
City-St-Zip: DELAND, FL 32724

Title: TD  
Name: WATSON, DOROTHY G  
Address: 402 LANDRESS LANE  
City-St-Zip: DELAND, FL 32724

Title: SD  
Name: WATSON, DOROTHY G  
Address: 402 LANDRESS W  
City-St-Zip: DELAND, FL 32724

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY GRACE WATSON

SEC.

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date