Title	PD	Title	STD

Title	PD	Title	;
Name	SENNELLO, JAMES	Name	l
Address	POST OFFICE BOX 353202	Address	
City-State-Zip:	PALM COAST FL 32135	City-State-Zip:	
Title	VPD		

Title	VPD
Name	NAY, RAYMOND
Address	POST OFFICE BOX 353202
City-State-Zip:	PALM COAST FL 32135

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: JAMES SENNELLO

Electronic Signature of Signing Officer/Director Detail

Entity Name: WEST PINES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2 CAMINO DEL MAR PALM COAST. FL 32137

DOCUMENT# N24929

Current Mailing Address:

POST OFFICE BOX 353202 PALM COAST, FL 32135

FEI Number: 59-2864669

Officer/Director Detail :

Name and Address of Current Registered Agent: SOUTHERN STATES MANAGEMENT GROUP, INC.

2 CAMINO DEL MAR PALM COAST, FL 32137 US

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

KAUFMAN, DAVID POST OFFICE BOX 353202 PALM COAST FL 32135

FILED Apr 27, 2015 Secretary of State CC7187702623

Certificate of Status Desired: No

04/27/2015

PRESIDENT

Date

Date

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT