

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24929

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC9022528739**

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

**Current Principal Place of Business:**

2 CAMINO DEL MAR  
PALM COAST, FL 32137

**Current Mailing Address:**

POST OFFICE BOX 353202  
PALM COAST, FL 32135

**FEI Number:** 59-2864669

**Certificate of Status Desired:** No

**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

Date

**Officer/Director Detail :**

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

Title STD  
Name KAUFMAN, DAVID  
Address POST OFFICE BOX 353202  
City-State-Zip: PALM COAST FL 32135

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

**PRESIDENT**

**04/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date