

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003697

Entity Name: BAY PINES OF SANTA ROSA COUNTY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1912 BAY PINE CIRCLE
GULF BREEZE, FL 32563**Current Mailing Address:**100 NORTHCLIFFE DRIVE #1461
GULF BREEZE, FL 32562 US**FEI Number:** 26-0859558**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LINTON, RALPH D
1903 BAY PINE CIRCLE
GULF BREEZE, FL 32563 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:** RALPH D. LINTON

03/16/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name LOBZUN, SHANE M.
Address 1912 BAY PINE CIRCLE
City-State-Zip: GULF BREEZE FL 32563**Title** VP
Name SHARON, WILLIAM D.
Address 1863 BAY PINE CIRCLE
City-State-Zip: GULF BREEZE FL 32563**Title** TREASURER
Name WYSE, NANCY
Address 1911 BAY PINE CIRCLE
City-State-Zip: GULF BREEZE FL 32563**Title** SECRETARY
Name LINTON, RALPH D.
Address 1903 BAY PINE CIRCLE
City-State-Zip: GULF BREEZE FL 32563**Title** DIRECTOR
Name JONES, JAMES S. JR.
Address 1745 BAY PINE CIRCLE
City-State-Zip: GULF BREEZE FL 32563

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: RALPH D. LINTON**SECRETARY**

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date