

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 700042

FILED
Feb 26, 2002 8:00 AM
Secretary of State

Entity Name: ISLE OF PINES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

13040 LAKE MARY LANE RD
ORLANDO, FL 32832 US

New Principal Place of Business:

Current Mailing Address:

13040 LAKE MARY LANE RD
ORLANDO, FL 32832 US

New Mailing Address:

FEI Number: 59-1056274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIKIN, SALLY
14432 CONIFER DR
ORLANDO, FL 32832

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: T () Delete
Name: ANNGEOLACE, BLUE
Address: 14315 CONIFER DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: T () Delete
Name: BEDNAR, BONNIE
Address: 14043 MARINE DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: T () Delete
Name: BAZINET, NICOLE
Address: 14426 ROXANNE DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: D (X) Delete
Name: RYAN, CATHY
Address: 14601 HENSON ROAD
City-St-Zip: ORLANDO, FL 32832

Title: P () Delete
Name: RYAN, CATHY
Address: 14601 HENSON ROAD
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANNGEOLACE, BLUE
Address: 14315 CONIFER DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: S (X) Change () Addition
Name: BEDNAR, BONNIE
Address: 14043 MARINE DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: D (X) Change () Addition
Name: AIKIN, SALLY
Address: 14432 CONIFER DRIVE
City-St-Zip: ORLANDO, FL 32832

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

Title: D (X) Change () Addition
Name: RYAN, CATHY
Address: 14601 HENSON ROAD
City-St-Zip: ORLANDO, FL 32832

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANNGEOLACE BLUE

T

02/26/2002

Electronic Signature of Signing Officer or Director

Date