

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700042

**FILED**  
**May 04, 2004**  
**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:**BEDNAR, BONNIE  
14043 MARINE DR  
ORLANDO, FL 32832

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: BONNIE A BEDNAR

05/04/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EASTBURN, AL  
Address: 14644 AUGUSTINE RD.  
City-St-Zip: ORLANDO, FL 32832

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

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

Title: TD ( ) Delete  
Name: AIKENS, TERRY  
Address: 14421 FRESNO RD.  
City-St-Zip: ORLANDO, FL 32832

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: DUNN, KELLY  
Address: C/O 14043 MARINE DRIVE  
City-St-Zip: ORLANDO, FL 32832

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

Title: TD (X) Change ( ) Addition  
Name: BEDNAR, BONNIE  
Address: 14043 MARINE DR  
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: BONNIE A BEDNAR

TD

05/04/2004

Electronic Signature of Signing Officer or Director

Date