2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 700042

FILED Jaņ 16, 2<u>00</u>6 Secretary of State

Entity Name: ISLE OF PINES PROPERTY OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 13040 LAKE MARY LANE RD ORLANDO, FL 32832 **Current Mailing Address: New Mailing Address:** 13040 LAKE MARY LANE RD ORLANDO, FL 32832 FEI Number: 59-1056274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEDNAR, BONNIE 14043 MARINE DR ORLANDO, FL 32832 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: BONNIE BEDNAR Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete EASTBURN, AL BOYD, JR, FREDERICK E Name: Name: 14644 AUGUSTINE RD. Address: 14401 FLO RD Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip: ORLANDO, FL 32832 Title: SD () Delete Title: () Change () Addition Name: DUNN, KELLY Name: Address: C/O 14043 MARINE DRIVE Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip: Title: Title: () Change () Addition () Delete AIKIN, SALLY Name: Name: 14432 CONIFER DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: BEDNAR, BONNIE Name: Address: 14043 MARINE DR Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 BEDNAR TD 01/16/2006