

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001341 (7)**

1. Corporation Name

**IRISH PINES HOMEOWNERS' ASSOCIATION, INC.**

APPROVED  
AND  
FILED  
95 MAR 15 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/22/1993</b>	3a. Date of Last Report <b>02/23/1994</b>
4. FEI Number <b>65-0415204</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
26950 NICKI S COURT BONITA SPRINGS FL 33923		26950 NICKI S COURT BONITA SPRINGS FL 33923	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23	24	28	29
City & State		City & State	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**FILIPETTO, FLAVIO**  
26950 VILLANOVA COURT  
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**26950 NICKI J. CT.**  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>FILIPETTO, FLAVIO</b>
STREET ADDRESS	<b>26950 NICKI J CT</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923</b>
TITLE	<b>D</b>
NAME	<b>FILIPETTO, SOFIA</b>
STREET ADDRESS	<b>26950 NICKI J CT</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923</b>
TITLE	<b>D</b>
NAME	<b>SPEAR, JOHN D</b>
STREET ADDRESS	<b>9200 BONITA BEACH ROAD, SUITE 204</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sofia Filipetto* **SOFIA FILIPETTO Vice President 3/10/95 (813) 992-5292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR