

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000001341 (7)**
1. Corporation Name
IRISH PINES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 26950 NICKI S COURT, BONITA SPRINGS FL 33923
Mailing Address: 26950 NICKI S COURT, BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 03/15/1995
4. FEI Number: 65-0415204
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 26970 NICKI J. CT., 22 Suite, Apt. #, etc.
2a. Mailing Address: 26 26970 NICKI J. CT., 27 Suite, Apt. #, etc.
23 City & State: BONITA SPRINGS, FL
28 City & State: BONITA SPRINGS, FL
24 Zip: 33923, 25 Country: USA, 29 Zip: 33923, 30 Country: USA

9. Name and Address of Current Registered Agent
FILIPETTO, FLAVIO
26950 NICKI J. CT.
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent
81 Name: **DAVID J. THOMPSON**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **26970 NICKI J. CT.**
84 City: **BONITA SPRINGS**, 85 State: **FL**, Zip Code: **33923**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *David J. Thompson* (NOTE: Registered Agent signature required when reinstating) DATE: 2/6/96

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FILIPETTO, FLAVIO	
STREET ADDRESS	26950 NICKI J CT	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FILIPETTO, SOFIA	
STREET ADDRESS	26950 NICKI J CT	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPEAR, JOHN D	
STREET ADDRESS	9200 BONITA BEACH ROAD, SUITE 204	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK D. STRONG	
1.3 STREET ADDRESS	26850 NICKI J. CT.	
1.4 CITY-ST-ZIP	BONITA SPRINGS; FL 33923	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FLAVIO FILIPETTO	
2.3 STREET ADDRESS	26950 NICKI J. CT.	
2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVID J. THOMPSON	
3.3 STREET ADDRESS	26970 NICKI J. CT.	
3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
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 119.07(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)