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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000001341 (7)

1. Corporation Name

IRISH PINES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

26970 NICKI J. CT.
BONITA SPRINGS FL 33923
US

26970 NICKI J. CT.
BONITA SPRINGS FL 34135-3101
US

3. Date Incorporated or Qualified
03/22/1993

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 26891 NICKI J. CT.

2a. Mailing Address

26 26891 NICKI J. CT.

4. FEI Number
65-0415204

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22
City & State
23 BONITA SPRINGS, FL

27
City & State
28 BONITA SPRINGS, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 34135 Country 25 USA

29 Zip 34135 Country 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, DAVID J
26970 NICKI J. CT.
BONITA SPRINGS FL 33923

81 Name
JUNE E. PRATT
82 Street Address (P.O. Box Number is Not Acceptable)
26891 NICKI J. CT.
83
84 City BONITA SPRINGS, FL 85 Zip Code 34135

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 June E. Pratt secretary-treasurer 3-11-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	STRONG, JACK D	
STREET ADDRESS	26850 NICKI J. CT.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FILIPETTO, FLAVIO	
STREET ADDRESS	26950 NICKI J. CT.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, DAVID J	
STREET ADDRESS	26970 NICKI J. CT.	
CITY-ST-ZIP	BONITA SPRINGS FL	
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		

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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT DAVY
2.3 STREET ADDRESS	26911 NICKI J. CT.
2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUNE E. PRATT
3.3 STREET ADDRESS	26891 NICKI J. CT.
3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: June E. Pratt JUNE E. PRATT 3-25-97 947-4056

CR2E037 (9/96)