


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001341 (7)
 1. Corporation Name
IRISH PINES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 26891 NICKI J. CT BONITA SPRINGS FL 34135 US	Mailing Address 26891 NICKI J. CT BONITA SPRINGS FL 34135 US
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3. Date Incorporated or Qualified
03/22/1993

4. FEI Number 65-0415204	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 26890 Nicki J Court Suite, Apt. #, etc. 22	2a. Mailing Address 26 26890 Nicki J Court Suite, Apt. #, etc. 27
City & State 23 Bonita Springs Zip Country 24 34135 25 USA	City & State 28 Bonita Springs Zip Country 29 34135 30 USA

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**PRATT, JUNE E.
26891 NICKI J. CT
BONITA SPRINGS FL 34135**

10. Name and Address of New Registered Agent

81 Name Jean Kraizel
82 Street Address (P.O. Box Number is Not Acceptable) 26890 Nicki J Court
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 Jean Kraizel - Jean Kraizel DATE 3-9-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" 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 DAVY, ROBERT	
STREET ADDRESS 26911 NICKI J. CT	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PRATT, JUNE E.	
STREET ADDRESS 26891 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Joseph Kraizel	
1.3 STREET ADDRESS 26890 Nicki J Court	
1.4 CITY-ST-ZIP Bonita Springs, FL 34135	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Carlo Rumbolo	
2.3 STREET ADDRESS 26910 Nicki J Court	
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 Jean Kraizel	
3.3 STREET ADDRESS 26890 Nicki J Court	
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 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 Jean Kraizel - Jean Kraizel DATE 2-23-98 941-992-3115

CF2E037 (10/97)