

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90179 018 \*\*\*\*61.25

**DOCUMENT # N93000001341**

1. Entity Name

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

Principal Place of Business

Mailing Address

26890 NICKI J COURT  
 BONITA SPRINGS FL 34135  
 US

26890 NICKI J COURT  
 BONITA SPRINGS FL 34135-3100  
 US

2. Principal Place of Business

**26910 NICKI J CT**

3. Mailing Address

**26910 NICKI J CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BONITA SPRINGS FL**

City & State

**BONITA SPRINGS FL**

4. FEI Number

**65-0415204**

Applied For

Not Applicable

Zip

**34135**

Country

**US**

Zip

**34135**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAIZEL, JEAN**  
 26890 NICKI J COURT  
 BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name **RICHARD VAN DAELE**

Street Address (P.O. Box Number is Not Acceptable)

**26910 NICKI J CT**

City **BONITA SPRINGS FL**

Zip Code **34135**

8. 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

*Richard Van Daele*  
 Signature, typed or printed name of registered agent and title if applicable.

*Sec. Treas.*  
 (NOTE: Registered Agent signature required when reinstating)

**2/11/00**  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D**  Delete  
 NAME **SLATER, THOMAS**  
 STREET ADDRESS **26930 NICKI J CT**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D**  Delete  
 NAME **DAVY, THOMAS**  
 STREET ADDRESS **26911 NICKI J CT**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D**  Delete  
 NAME **KRAIZEL, JEAN**  
 STREET ADDRESS **26890 NICKI J COURT**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **UNCHANGED**  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **FLAVIO FILIPETTO**  
 STREET ADDRESS **26950 NICKI J CT**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D**  Change  Addition  
 NAME **RICHARD VAN DAELE**  
 STREET ADDRESS **26910 NICKI J CT**  
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard Van Daele*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/11/00** **941-949-2969**