

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

0097289

DOCUMENT # N93000001341

02-27-2002 90042 029 ****61.25

1. Entity Name

IRISH PINES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**26910 NICK J CT
 BONITA SPRINGS FL 34135
 US**

**26910 NICK J CT
 BONITA SPRINGS FL 34135
 US**

00054372



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0415204

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN DAELE, RICHARD
 26910 NICKI J CT
 BONITA SPRINGS FL 34135**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D FLAVIO, FILIPOTTO
 STREET ADDRESS **26950 NICKI J DR**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

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

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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

2/12/02 *941949-2969*
 Date Daytime Phone #

CR2E037 (9/01)