

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90086 011 \*\*\*\*61.25

**DOCUMENT # N93000001341**

1. Entity Name

IRISH PINES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

26910 NICK J CT  
 BONITA SPRINGS FL 34135  
 US

Mailing Address

26910 NICK J CT  
 BONITA SPRINGS FL 34135  
 US

2. Principal Place of Business

26871 Nicki J. Ct.

3. Mailing Address

26871 Nicki J. Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

Bonita Springs Fl.

Zip 34135

Country USA

City & State

Bonita Springs Fl.

Zip 34135

Country US

4. FEI Number

65-0415204

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Richard Van Daele*

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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SLATER, THOMAS	
STREET ADDRESS	26930 NICKI J CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVY, ROBERT	
STREET ADDRESS	26950 NICKI J DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN DAELE, RICHARD	
STREET ADDRESS	26910 NICKI J CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clara Jones	
STREET ADDRESS	26891 Nicki J. Ct	
CITY-ST-ZIP	Bonita Springs Fl. 34135	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUCKINS, THOMAS	
STREET ADDRESS	26871 NICKI J. CT.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas C. Huckins* THOMAS C. HUCKINS 3/16/04 289-293-8449  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #