

ANNUAL REPORT (AR)

DOCUMENT # N93000001341

1. Entity Name

IRISH PINES HOMEOWNERS' ASSOCIATION, INC.



FILED
Mar 07, 2007 08:00 AM
Secretary of State

Principal Place of Business 26871 NICK J CT BONITA SPRINGS FL 34135 US	Mailing Address 26871 NICK J CT BONITA SPRINGS FL 34135 US
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

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

HUCKINS, THOMAS L
26871 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	SLATER, THOMAS	<input type="checkbox"/> Delete
NAME		26930 NICKI J CT	
STREET ADDRESS		BONITA SPRINGS FL 34135	
CITY - ST - ZIP			

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	JONE, ELMER	<input type="checkbox"/> Delete
NAME		26891 NICK J CT	
STREET ADDRESS		BONITA SPRINGS FL 34135	
CITY - ST - ZIP			

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	HUCKINS, THOMAS	<input type="checkbox"/> Delete
NAME		26871 NICK J CT	
STREET ADDRESS		BONITA SPRINGS FL 34135	
CITY - ST - ZIP			

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Delete		<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Delete		<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Delete		<input type="checkbox"/>
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 exemptions contained in Section 119, 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 L. HUCKINS

3/5/07

239-293-3449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #