## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000001341

FILED Jun 25, 2009 Secretary of State

Entity Name: IRISH PINES HOMEOWNERS' ASSOCIATION, INC.

urrent P	rincipal Place of Bu	ısiness:	New Principal	Place of Business:
871 NIC DNITA SI	KJCT PRINGS, FL 34135	US		
ırrent M	ailing Address:		New Mailing A	address:
871 NIC ONITA SI	KJCT PRINGS, FL 34135	US		
accordan	ce with s. 607.193(2)(b),	Number Applied For() F.S., the corporation did no	FEI Number Not Applicable ot receive the prior notice.	e ( ) Certificate of Status Desired ( )
me and	Address of Curren	t Registered Agent:	Name and Add	Iress of New Registered Agent:
IOIZINIO.				
371 NIC NITA SI	PRINGS, FL 34135	US		
871 NIC NITA SI e above	KIJCT PRINGS, FL 34135		ourpose of changing its reg	gistered office or registered agent, or both,
371 NIC NITA SI e above he State	KI J CT PRINGS, FL 34135 named entity submit e of Florida.		ourpose of changing its req	gistered office or registered agent, or both,
371 NIC NITA SI e above the State	KI J CT PRINGS, FL 34135 named entity submit of Florida. RE:			gistered office or registered agent, or both, Date
871 NIC DNITA SI le above the State GNATUF	KI J CT PRINGS, FL 34135 named entity submit of Florida. RE:	es this statement for the particles and the particles and the particles are the particles and the particles are the particles and the particles are the part	ent	
and the state of t	KI J CT PRINGS, FL 34135  named entity submit of Florida.  RE: Electronic Sig	s this statement for the practice of Registered Age	ent	Date
871 NIC NITA SI e above the State	KI J CT PRINGS, FL 34135  named entity submite of Florida.  RE: Electronic Sig  B AND DIRECTORS  D () Delete SLATER, THOMAS 26930 NICKI J CT	nature of Registered Age :	ent  ADDITIONS/CH  Title: Name: Address:	Date HANGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HUCKINS D 06/25/2009