FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

1997 DOCUMENT #

(5)

ISLE OF PINES PROPERTY OWNERS' ASSOCIATION,INC.								
Principal Place	e of Business	Mailing Address			L DERSON SEEDIN OUTST BARNE BANN 91010	IFOT BLUCK GLO	ir midfi Brbit At	BII DIBN LØBI
14430 PARKER ORLANDO FL 3 US		14430 PARKER RD. ORLANDO FL 32832-6563 US				<u></u>		
					3. Date Incorporated or Qualified 10/08/1959		te of Last Re 04/29/19 9	
2, Principal P	ace of Business A) Fresho Dr	28. Mailing Address 26 /442 / F	Fresho	Dr	4. FEI Number 59-1056274			plied For t Applicable
Suite, Apt.		Suite, Apt. #, etc.	103/10	4717	Certificate of Status Desired		\$8.75 A	Additional
City & State	ando, FL	City & State 28 Orlando	FL		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Z _i p	832 25 U.S.A	Zip	Country U.S	Ā	8. This corporation has liability for	intangible i		
	9. Name and Address of Current				10. Name and Address of New Re	gistered /	gent	
81 Name								
JORGENSON, JAMES L				it Address (P.O. Box Number is Not Acceptable)				
14430 PARKER RD. ORLANDO FL 32832						······································		
			84 City		·	FL	85 Zip 0	Code
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statute	s, the above-name	d corpo	ration submits this statement for the p		changing its	s registered
office or r agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 617.0503, Flor	uthorized by the cr ida Statutes.	orporatio	on's board of directors. I hereby accep	of the appo	ointment as	registered
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signat	ure Decurites	f when reinstations	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S [N 12
TOLE	SD	DELETE	1.1 TITLE	15	N .		Change	Addition
NAME	JORGENSON, JAMES L		1.2 NAME	10	ynthia Sand	A 1		
STREET ADDRESS	14430 PARKER RD.		1.3 STREET ADDRESS	13	143 Devonshire	Rd		
CITY-ST-ZIP	ORLANDO FL 32832		1.4 CITY-ST-ZIP	j o	rlando FL 3283	<u> </u>	-	
TITLE	Р	☐ DELETE	2.1 TITLE				Change	Addition
NAME	ZEITLER MARK		2.2 NAME	-				
STREET ADDRESS	13113 FERNWAY RD		2.3 STREET ADDRESS	;				
CITY - ST - ZIP	ORLANDO FL	N PELET	2.4 CITY-ST-ZIP	<u> </u>			Change	Addition
TITLE	VD	DELETE	3.1 TITLE	ΙV	\mathcal{D}_{i}	1	L. Ulange	
NAME DISCET ADDRESS	LAURA OWENS		3.2 NAME	Fr	ederick E Boyd	1 L		
STREET ADDRESS	14344 FRESNO DR		3.3 STREET ADDRES	1	cherick & Boyd 4401, Flo Rd.	/ 2 · 2		
CITY-ST-Z#P TITLE	ORLANDO FL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	10	riando, FL 328	(32	Change	☐ Addition
NAME	TERESA AIKENS	- Dettie	4.2 NAME	\ ·			and oneign	- Audibul
STREET ADDRESS	14421 FRESNO DR		4. 2 NAME 4.3 STREET ADDRES	.				
CITY-ST-ZIP	ORLANDO FL		4.5 STREET ADDRES	^				
TriLE	VIII VIII VIII	DELETE	5.1 TITLE	1-			Change	Addition
NAME			5.2 NAME	1	•			
STREET ADDRESS			5.3 STREET ADDRES	;				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	1				ļ
TITLE		☐ DELETE	6.1 TITLE	1			Change	Addition
NAME			6.2 NAME	-			•	
DYDECT ADDRESS			0.0.000000 4000000	, }				1

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

64 CITY-ST-ZIP