


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90008 048 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 700042</b>					
1. Corporation Name <b>ISLE OF PINES PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 13318 LAKE MARY JANE RD ORLANDO FL 32832 US			Mailing Address 13318 LAKE MARY JANE RD ORLANDO FL 32832 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/08/1959	
22 City & State		27 City & State		4. FEI Number 59-1056274	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
JORGENSEN, JAMES L 14430 PARKER RD. ORLANDO FL 32832			81 Name Sally Aikin 82 Street Address (P.O. Box Number is Not Acceptable) 14432 Conifer Dr 83 84 City Orlando FL 85 Zip Code 32832		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	DELETE	1.1 TITLE	P	Change Addition
NAME	SAND, CYNTHIA		1.2 NAME	Margie Eastburn	
STREET ADDRESS	13143 DEVONSHIRE RD		1.3 STREET ADDRESS	14649 Augustine Rd	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32832	
TITLE	P	DELETE	2.1 TITLE	Treasurer	Change Addition
NAME	ZETTLER MARK		2.2 NAME	Sally Aikin	
STREET ADDRESS	13113 FERNWAY RD		2.3 STREET ADDRESS	14432 Conifer Dr	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32832	
TITLE	VD	DELETE	3.1 TITLE	S	Change Addition
NAME	BOYD, FREDERICK E JR		3.2 NAME	Laurie Marrero	
STREET ADDRESS	14401 FLO RD		3.3 STREET ADDRESS	14708 Bayonne Rd	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando FL 32832	
TITLE	T	DELETE	4.1 TITLE		Change Addition
NAME	TERESA AIKENS		4.2 NAME		
STREET ADDRESS	14421 FRESNO DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	EASTBURN, MARGIE		5.2 NAME		
STREET ADDRESS	14644 AUGUSTINE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32832		5.4 CITY-ST-ZIP		
TITLE	VP	DELETE	6.1 TITLE		Change Addition
NAME	COPELAND, STEVE		6.2 NAME		
STREET ADDRESS	13656 LAKE MARY JANE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32832		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-99 407 737-9049  
Date Daytime Phone #

CR2E037 (11/98)