

2001 UNIFORM BUSINESS REPORT (UBR)

2/28

FILED
Mar 28, 2001 8:00 am
Secretary of State

02-28-2001 90038 038 *****61.25

DOCUMENT # 700042

1. Entity Name

ISLE OF PINES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13040 LAKE MARY LANE RD
ORLANDO FL 32832
US

13040 LAKE MARY LANE RD
ORLANDO FL 32832
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1056274

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

AKIN, SALLY
14432 CONIFER DR
ORLANDO FL 32832

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	ANNGEOLACE, BLUE	
STREET ADDRESS	14315 CONIFER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	AKIN, SALLY	
STREET ADDRESS	14432 CONIFER DR	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARGIE, EASTBURN	
STREET ADDRESS	14644 AUGUSTINE RD	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EASTBURN, MARGIE	
STREET ADDRESS	14644 AUGUSTINE RD	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHY RYAN	
STREET ADDRESS	14601 HENSON RD	
CITY-ST-ZIP	ORLANDO, FL 32832	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONNIE BEDNAR	
STREET ADDRESS	14043 MARINE DR.	
CITY-ST-ZIP	ORLANDO, FL 32832	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLE BAZINET	
STREET ADDRESS	14426 ROKANNE DR.	
CITY-ST-ZIP	ORLANDO, FL 32832	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHY RYAN	
STREET ADDRESS	14601 HENSON RD	
CITY-ST-ZIP	ORLANDO, FL 32832	
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:

Anngelace Blue Treasurer

2-23-01

907-282-5914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)