

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14561

Entity Name: ISLE OF PINES OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7733 MYRSINE CIRCLE
BOKEELIA, FL 33922**Current Mailing Address:**P.O. BOX 2245
PINELAND, FL 33945 US**FEI Number:** 65-0326626**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THEBO, DIANE
7692 MYRSINE CIRCLE
BOKEELIA, FL 33922 US*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:**

Electronic Signature of Registered Agent

Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name MARTIN, MARILYNN PRESIDENT
Address 7680 MYRSINE CIRCLE
City-State-Zip: BOKEELIA FL 33922

Title VP, DIRECTOR
Name WHITNEY, MARK
Address 7736 MYRSINE CIRCLE
City-State-Zip: BOKEELIA FL 33922

Title SECRETARY, DIRECTOR
Name WHITNEY, MOLLY
Address 7736 MYRSINE CIRCLE
City-State-Zip: BOKEELIA FL 33922

Title TREASURER, DIRECTOR
Name THEBO, DIANE
Address 7692 MYRSINE CIRCLE
City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR
Name MURPHY, BETSY
Address 7691 MYRSINE CIRCLE
City-State-Zip: BOKEELIA FL 33922

I hereby 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 all other like empowered.

SIGNATURE: DIANE THEBO**TREASURER****02/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date