Entity Name: IRISH PINES HOMEOWNERS' ASSOCIATION, INC.		Secretary of State CC0129752592		
Current Prin 26910 NICKI J BONITA SPRIN	-		660123	I JLJJL
Current Mai	ling Address:			
26910 NICK BONITA SPI	I J CT RINGS, FL 34135 US			
FEI Number: 65-0415204 Certificate of Statu			Certificate of Status Desi	i <b>red:</b> No
Name and A	Address of Current Registered Agent:			
ROBERTS, PA 26910 NICKI J BONITA SPRIN	GS, FL 34135 US			
26910 NICKI J BONITA SPRIN	•	stered office or regis	tered agent, or both, in the State of Flo	rida.
26910 NICKI J BONITA SPRIN The above name	IGS, FL 34135 US	stered office or regis	tered agent, or both, in the State of Flo	
26910 NICKI J BONITA SPRIN The above name	GS, FL 34135 US	stered office or regis	tered agent, or both, in the State of Flo	rida. 02/13/2017 Date
26910 NICKI J BONITA SPRIN The above name	GS, FL 34135 US   d entity submits this statement for the purpose of changing its regis   E: PAT ROBERTS   Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	02/13/2017
26910 NICKI J BONITA SPRIN The above name SIGNATURE	GS, FL 34135 US   d entity submits this statement for the purpose of changing its regis   E: PAT ROBERTS   Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	02/13/2017
26910 NICKI J BONITA SPRIN The above named SIGNATURE Officer/Dire	GS, FL 34135 US   d entity submits this statement for the purpose of changing its regis   E: PAT ROBERTS   Electronic Signature of Registered Agent   Ctor Detail :			02/13/2017
26910 NICKI J BONITA SPRIN The above named SIGNATURE Officer/Dire Title	GS, FL 34135 US   d entity submits this statement for the purpose of changing its regis   E: PAT ROBERTS   Electronic Signature of Registered Agent   Ctor Detail :   PRE	Title	VP	02/13/2017
26910 NICKI J BONITA SPRIN The above named SIGNATURE Officer/Dire Title Name	GS, FL 34135 US   d entity submits this statement for the purpose of changing its regis   E: PAT ROBERTS   Electronic Signature of Registered Agent   Ctor Detail :   PRE   ROBERTS, PAT   26910 NICKI J CT	Title Name	VP SLATER, THOMAS 26930 NICK J CT	02/13/2017
26910 NICKI J BONITA SPRIN The above named SIGNATURE Officer/Dire Title Name Address	GS, FL 34135 US   d entity submits this statement for the purpose of changing its regis   E: PAT ROBERTS   Electronic Signature of Registered Agent   Ctor Detail :   PRE   ROBERTS, PAT   26910 NICKI J CT	Title Name Address	VP SLATER, THOMAS 26930 NICK J CT	02/13/2017
26910 NICKI J BONITA SPRIN The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip:	GS, FL 34135 US   d entity submits this statement for the purpose of changing its regis   E: PAT ROBERTS   Electronic Signature of Registered Agent   Ctor Detail :   PRE   ROBERTS, PAT   26910 NICKI J CT   BONITA SPRINGS FL 34135	Title Name Address	VP SLATER, THOMAS 26930 NICK J CT	02/13/2017
26910 NICKI J BONITA SPRIN The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	GS, FL 34135 US d entity submits this statement for the purpose of changing its regis E PAT ROBERTS Electronic Signature of Registered Agent Ctor Detail : PRE ROBERTS, PAT 26910 NICKI J CT BONITA SPRINGS FL 34135 SEC	Title Name Address	VP SLATER, THOMAS 26930 NICK J CT	02/13/2017
26910 NICKI J BONITA SPRIN The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name	GS, FL 34135 US d entity submits this statement for the purpose of changing its regis E PAT ROBERTS Electronic Signature of Registered Agent Ctor Detail : PRE ROBERTS, PAT 26910 NICKI J CT BONITA SPRINGS FL 34135 SEC TAYLOR, KAREN 26870 NICKI J CT	Title Name Address	VP SLATER, THOMAS 26930 NICK J CT	02/13/2017

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001341

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: THOMAS SLATER

**VICE-PRESIDENT** 

02/13/2017

FILED Feb 13, 2017

Electronic Signature of Signing Officer/Director Detail