


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90067 003 ****61.25

DOCUMENT # 735697			
1. Entity Name PICCIOLA ISLAND SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 33416 E PICCIOLA DRIVE FRUITLAND PARK FL 34731		Mailing Address 33416 E PICCIOLA DRIVE FRUITLAND PARK FL 34731	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUCHER, JOSEPH E 33416 E PICCIOLA DRIVE FRUITLAND PARK FL 34731		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	



MOORE CR2E037 (11/03)

4. FEI Number 59-1726247	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHER, JOSEPH E 33416 E. PICCIOLA DRIVE FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELAINE, SPARKS 33520 E. PICCIOLA DRIVE FRUITLAND PARK FL 34731 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MC CLUNG, JAMES 33824 W. PICCIOLA DR. FRUITLAND PARK, FL 34731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERS, DONNA 33636 W. PICCIOLA DRIVE FRUITLAND PARK FL 34731 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPBELL, BARBARA 33514 E. PICCIOLA DR. FRUITLAND PARK, FL 34731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCHER, KATHRYN 33416 E. PICCIOLA DRIVE FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAQUETTE, MAURICE 33515 E. PICCIOLA DR. FRUITLAND PARK, FL 34731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUSSEAU, CHARLES 15250 BRYAN ROAD FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYNARD, BILL 33418 E. PICCIOLA DR. FRUITLAND PARK, FL 34731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFEER, JOHN 33446 E. PICCIOLA DRIVE FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEGMAN, GRACE 33514 E. PICCIOLA DR. FRUITLAND PARK, FL 34731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Joseph E. Bucher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *04/15/04* Daytime Phone #: *352-365-2469*