



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90175 039 ****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		1400J014  04252005 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1726247	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHER, JOSEPH E		NAME	BILL MAYNARD	
STREET ADDRESS	33416 E. PICCIOLA DRIVE		STREET ADDRESS	33416 E. PICCIOLA DR.	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLUNG, JAMES		NAME	GRACE WEGMAN	
STREET ADDRESS	33824 W. PICCOLA DR.		STREET ADDRESS	33514 E. PICCIOLA DR.	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, BARBARA		NAME	JEANNE SULLIVAN	
STREET ADDRESS	33514 E. PICCOLA DR.		STREET ADDRESS	05144 ALBERT RD.	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHER, KATHRYN		NAME	BILL JARVIS	
STREET ADDRESS	33416 E. PICCIOLA DRIVE		STREET ADDRESS	33848 W. PICCIOLA DR.	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSEAU, CHARLES		NAME	MAURICE PAQUETTE	
STREET ADDRESS	15250 BRYAN ROAD		STREET ADDRESS	33515 E. PICCIOLA DR.	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFEER, JOHN		NAME		
STREET ADDRESS	33446 E. PICCIOLA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		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 approvals.					
SIGNATURE: <i>Joseph E. Bucher</i> JOSEPH E. BUCHER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/25/05 352-365-2169 <small>Date Daytime Phone #</small>	