


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90154 006 ****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
4. FEI Number 59-1726247				Applied For <input type="checkbox"/> Not Applicable	
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, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	Change <input checked="" type="checkbox"/> Addition
NAME	BUCHER, JOSEPH E		NAME	AVERY VINCENT D.	
STREET ADDRESS	33416 E PICCIOLA DRIVE		STREET ADDRESS	33608 W. PICCIOLA DRIVE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	Change <input checked="" type="checkbox"/> Addition
NAME	MCCLUNG, JAMES		NAME	JARVIS, WALTER F. JR.	
STREET ADDRESS	33824 W. PICCOLA DR.		STREET ADDRESS	33848 W. PICCIOLA DRIVE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JEANNE		NAME		
STREET ADDRESS	05144 ALBERT ROAD		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHER, KATHRYN		NAME	NORDLANDER, JANE H.	
STREET ADDRESS	33416 E. PICCIOLA DRIVE		STREET ADDRESS	33828 W. PICCIOLA DRIVE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAQUETTE, MAURICE		NAME	BUCHER JOSEPH E.	
STREET ADDRESS	33515 E. PICCIOLA DRIVE		STREET ADDRESS	33416 E. PICCIOLA DRIVE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFEER, JOHN		NAME	SCHAEFER, JOHN	
STREET ADDRESS	33446 E. PICCIOLA DRIVE		STREET ADDRESS	33446 E. PICCIOLA DRIVE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Joseph E. Bucher</u>		Date: <u>4/28/06</u>		Daytime Phone #: <u>352-365-2169</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					