2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #735697

1. Entity Name
PICCIOLA ISLAND SUBDIVISION HOMEOWNER'S
ASSOCIATION INC



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

05-02-2006 90154 006 ****61.25

AGGGGIA	1110H, III					1122					
				Address E PICCIOLA DRIVE AND PARK, FL 34731			· ·.				
Principal Place of Business 3. Mailing Address											
									26/ 0/20 4/20 5/4/		
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			04282006	Chg-NP	CR2E0	37 (4/06)	
City & State			City & State				4. FEI Number 59-1726	247			oplied For of Applicable
Zip	Zip Country		Zip	Zip Cox		5. Certificate of Statu		of Status Desired		8.75 Add	
	6. Name	and Address of Current	Registered A	gent			7. Name and	Address of New	Registered A	gent	
BUCHER, JOSEPH E					Name						
33416 E PICCIOLA DRIVE FRUITLAND PARK, FL. 34731					Street A	Street Address (P.O. Box Number is Not Acceptable)					
	ŕ										
					City				FL	Zip Cod	e
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		
Filing Fee is \$61.25 Due by May 1, 2006			1	9. Election Campaign Financing Trust Fund Contribution.							
	. •			•			\$5.00 May Be Added to Fees				
10.	. •			•			Added to Fees	F&	orida Depart	ment of St	tate
TITLE	PD PD	OFFICERS AND DIF		•	ntribution. 11. TITLE		Added to Fees	NGES TO OFFIC	orida Depart CERS AND DIF	ECTORS IN	I 10
TITLE NAME	PD BUCHER	JOSEPH E		Trust Fund Co	TITLE NAME		Added to Fees	NGES TO OFFIC	orida Depart CERS AND DIF	ECTORS IN	I 10
TITLE	PD BUCHER 33416 E.	OFFICERS AND DIF		Trust Fund Co	11. TITLE NAME STREET ADDRESS GITY-ST-7IP	PD AVE 33	Added to Fees ADDITIONS/CHA	NGES TO OFFICE NO.	CERS AND DIF	ECTORS IN Change	tate 110 Addition
TITLE NAME STREET ADDRESS	PD BUCHER 33416 E.	JOSEPH E PISSIOLA DRIVE		Trust Fund Col	11. TITLE NAME STREET ADDRESS GITY-ST-7IP	PD AVE 33	Added to Fees ADDITIONS/CHA	NGES TO OFFICE NO.	CERS AND DIF	ECTORS IN Change	tate 110 Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIONIMM OFFICER OR DIRECTOR

Datum Prome #

352-365-2169