


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90076 049 ****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 - No P.O. Box # <i>5144 Albert Rd</i>		3. Mailing Address <i>5144 Albert Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>FRUITLAND PK</i>		City & State <i>FRUITLAND PK FL</i>	
Zip <i>FL</i>	Country <i>LAKE</i>	Zip <i>34731</i>	Country <i>LAKE</i>
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 <i>JEANNE SULLIVAN</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>5144 Albert Rd</i>	
		City <i>FRUITLAND PARK</i> FL Zip Code <i>34731</i>	
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 <i>Jeanne E Sullivan Treas.</i>		DATE <i>4-19-07</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERY, VINCENT D	NAME	
STREET ADDRESS	33608 WEST PICCIOLA DR	STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARVIS, WALTER F JR	NAME	<i>GORDON HALLEY</i>
STREET ADDRESS	33848 WEST PICCIOLA DR	STREET ADDRESS	<i>33743 W. PICCIOLA DR.</i>
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	CITY-ST-ZIP	<i>FRUITLAND PARK, FL 34731</i>
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOROLANDER, JANE H	NAME	
STREET ADDRESS	33828 WEST PICCIOLA DR	STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHER, JOSEPH E	NAME	<i>MICHAEL DUNCAN</i>
STREET ADDRESS	33416 EAST PICCIOLA DR	STREET ADDRESS	<i>33302 W. PICCIOLA DR.</i>
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	CITY-ST-ZIP	<i>FRUITLAND PARK, FL 34731</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, 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 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: <i>Jeanne E Sullivan Treas.</i>		DATE: <i>4-19-07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>352-323-9107</i>	

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