


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90199 041 ****61.25

DOCUMENT # 738826	
1. Entity Name PORT PINE HEIGHTS PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business U.S. 1, MM 30 P O BOX 430043 BIG PINE KEY, FL 33043 US	Mailing Address U.S. 1, MM 30 P O BOX 430043 BIG PINE KEY, FL 33043 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04092006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1783563	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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6. Name and Address of Current Registered Agent SOCHA, NANCY 3688 TREASURE ISLAND STREET BIG PINE KEY, FL 33043		7. Name and Address of New Registered Agent Name Mager, John Street Address (P.O. Box Number is Not Acceptable) 3978 Gordon Rd City Big Pine Key FL Zip Code 33043	
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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 *John Mager* *president John Mager* 4-11-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVERS, JOHN 3610 SOUTH SEAS STREET BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Socha, Nancy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEURATH, JOANN 3977 EUGENE ROAD BIG PINE KEY, FL 33043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Evers, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNER, ED 3673 ATLANTIC ST BIG PINE KEY, FL 33043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ward, Linda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3704 Poinciana St. Big Pine Key, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIMBUR, CORA 3979 DIANE RD BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wilson-Garrison, Carolyn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3714 Pine St. Big Pine Key, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHHOLTZ, BOB 3979 EUGENE ROAD BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Eichholtz, Bob <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGER, JOHN 3978 GORDON RD BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Griffin, Charles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3666 South Seas St. Big Pine Key, FL 33043

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: *JOHN MAGER* *John Mager* 4-11-06 305-872-0437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #