

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751754

FILED  
Jan 12, 2012  
Secretary of State

**Entity Name:** USEPPA ISLAND PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

USEPPA ISLAND  
8115 MAIN STREET  
BOKEELIA, FL 33922

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 640  
BOKEELIA, FL 33922

**New Mailing Address:**

**FEI Number:** 59-2013387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCOLGAN, BRIAN  
USEPPA ISLAND  
8115 MAIN STREET  
BOKEELIA, FL 33922 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D VP  
Name: LIGIBEL, CRAIG  
Address: P.O. BOX 640  
City-St-Zip: BOKEELIA, FL 33922

Title: D  
Name: STEVENS, ROBERT  
Address: PO BOX 640  
City-St-Zip: BOKEELIA, FL 33922

Title: D  
Name: SWIGERT, PAUL  
Address: 143 HEDGE HOG ROAD  
City-St-Zip: PLAINFIELD, NH 03781

Title: TD  
Name: GEORGE, SHEILA  
Address: P.O. BOX 640  
City-St-Zip: BOKEELIA, FL 33922

Title: PD  
Name: MCCOLGAN, BRIAN  
Address: PO BOX 640  
City-St-Zip: BOKEELIA, FL 33922

Title: SD  
Name: TAYLOR, JAY  
Address: PO BOX 640  
City-St-Zip: BOKEELIA, FL 33922

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN F. MCCOLGAN

PRES

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date