

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90087 012 ****61.25

DOCUMENT # 766437 1. Entity Name AQUA ISLES MOBILE HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 900 W HICKPOOCHEE AVE LOT M5 LABELLE, FL 33935 US		Mailing Address 900 W HICKPOOCHEE AVE LOT M5 LABELLE, FL 33935 US	
2. Principal Place of Business Suite, Apt. #, etc. <i>SAME EXCEPT</i> City & State <i>SAME EXCEPT</i> Zip Country		3. Mailing Address Suite, Apt. #, etc. <i>SAME EXCEPT</i> City & State <i>SAME EXCEPT</i> Zip Country	
4. FEI Number 59-2348480		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 GILLETTE, RONALD A 900 W HICKPOOCHEE AVE LOT M5 LABELLE, FL 33935 <i>NOTE CHANGE</i>		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P GILLETTE, RONALD A 900 W HICKPOOCHEE AVE LABELLE, FL 33935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD SPAULDING 900 AQUA ISLES BLVD. LA BELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUMMEL, PAT 900 W HICKPOOCHEE AVE LABELLE, FL 33935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD BRUCE 900 AQUA ISLES BLVD. LA BELLE FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAIG, DON 900 W HICKPOOCHEE AVE LABELLE, FL 33935	<i>* Please Note address changes</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELTZROTH, BOB 900 W HICKPOOCHEE AVE LABELLE, FL 33935		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYPUDT, BERYL 900 W HICKPOOCHEE AVE LABELLE, FL 33935		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, ROGER 900 W HICKPOOCHEE AVE LABELLE, FL 33935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Ronald A Gillette</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>2-21-05</i> Daytime Phone # <i>239-872-2847</i>	

900 AQUA ISLES BLVD.

