


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90010 030 ****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 900 AQUA ISLES BLVD		3. Mailing Address 900 AQUA ISLES BLVD.			
Suite, Apt. #, etc. LOT D-11		Suite, Apt. #, etc. LOT D-11			
City & State LA BELLE, FL.		City & State LA BELLE FL			
Zip 33935		Country HANDRY		Zip 33935	
Country HANDRY		Country HENDRY			
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 AQUA ISLES BLVD LOT M5 LABELLE, FL 33935			7. Name and Address of New Registered Agent Name JOHN BURKHART Street Address (P.O. Box Number is Not Acceptable) 900 AQUA ISLES BLVD. LOT D-11 City LA BELLE FL Zip Code 33935		
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 <u><i>John Burkhardt</i></u> John S. BURKHART, PRES. <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, 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					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> Delete			
NAME	GILLETTE, RONALD A				
STREET ADDRESS	900 AQUA ISLES BLVD				
CITY-ST-ZIP	LABELLE, FL 33935				
TITLE	S	<input type="checkbox"/> Delete			
NAME	RUMMEL, PAT				
STREET ADDRESS	900 AQUA ISLES BLVD				
CITY-ST-ZIP	LABELLE, FL 33935				
TITLE	T	<input type="checkbox"/> Delete			
NAME	CRAIG, DON				
STREET ADDRESS	900 AQUA ISLES BLVD				
CITY-ST-ZIP	LABELLE, FL 33935				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	ELTZROTH, BOB				
STREET ADDRESS	900 AQUA ISLES BLVD				
CITY-ST-ZIP	LABELLE, FL 33935				
TITLE	D	<input type="checkbox"/> Delete			
NAME	SYPUOT, BERYL				
STREET ADDRESS	900 AQUA ISLES BLVD				
CITY-ST-ZIP	LABELLE, FL 33935				
TITLE	D	<input type="checkbox"/> Delete			
NAME	PARK, RODGER				
STREET ADDRESS	900 AQUA ISLES BLVD				
CITY-ST-ZIP	LABELLE, FL 33935				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	BURKHART, JOHN S.				
STREET ADDRESS	900 AQUA ISLES BLVD D-11				
CITY-ST-ZIP	LABELLE FL. 33935				
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WEBSTER, RONALD				
STREET ADDRESS	900 AQUA ISLES BLVD B-15				
CITY-ST-ZIP	LABELLE FL. 33935				
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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: <u><i>John S. Burkhardt</i></u> John S. BURKHART 1/25/06 863 675-7081 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					