2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90028 039 ****61.25

DOCUMENT # 766437

1. Entity Name

AQUA ISLES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
900 AQUA ISLES BLVD LOT D-11 LABELLE FL 33935 US	900 AQUA ISLES BLVD LOT D-11 LABELLE FL 33935 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
900 Aqua Isles Blvd.	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: Hendry	Zip: 33935 Country: Hendry

4. FEI Number 59-2348480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURKHART, JOHN 900 AQUA ISLES BLVD LOT D11 LABELLE FL 33935	Name: John Burkhart Street Address (P.O. Box Number is Not Acceptable): 900 Aqua Isles 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 BURKHART, JOHN S 900 AQUA ISLES BLVD D11 LABELLE FL 33935 President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUMMEL, PAT 900 AQUA ISLES BLVD LABELLE FL 33935 Secretary	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Marian Greene 900 Aqua Isles Lot H-5 LA Belle, Fl. 33935 Secretary	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRAIG, DON 900 AQUA ISLES BLVD LABELLE FL 33935 Lot A-3 Acting Treasurer	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBSTER, RONALD 900 AQUA ISLES BLVD B15 LABELLE FL 33935 Lot. B-15 Director	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Don Craig 900 Aqua Isles Blvd LA Belle, Fl. 33935	☐ Change ☒ Addition Lot A-03
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYPUDT, BERYL 900 AQUA ISLES BLVD LABELLE FL 33935 Lot A-35 Director	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Ken Brigham 900 Aqua Isles Blvd LA Belle, Fl. 33935	☐ Change ☒ Addition Lot M-02 Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARK, RODGER 900 AQUA ISLES BLVD LABELLE FL 33935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Ron Spaulding 900 Aqua Isles Blvd LABelle, Fl. 33935	☒ Change ☐ Addition Lot E-22 Director

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 S. Burkhart John S. Burkhart Feb. 8, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #