


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90802 001 \*\*\*\*20.50  
04-26-2004 90802 002 \*\*\*\*40.75

<b>DOCUMENT # N01000000529</b>			
1. Entity Name VILLAGES OF PINE ISLAND PROPERTY OWNER'S ASSOCIATION, INC.			
Principal Place of Business 1505 SE 40TH ST., STE. B CAPE CORAL FL 33904		Mailing Address 1505 SE 40TH ST., STE. B CAPE CORAL FL 33904	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**66415198**



MOORE CR2E037 (11/03)

4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
FISHER, LEIGH M 1505 SE 40TH ST., STE. B CAPE CORAL FL 33904		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	D GREENE, DANIEL 931 CAPE CORAL PKWY. CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDAHL, ROBERT 1505 SE 40TH ST., STE. B CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D VALCARCEL, FRANK 4370 WOODSTOCK RD. ST. JAMES FL 33956</del>	<del><input checked="" type="checkbox"/> Delete</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Myers, Scott 2916 Buttonwood Key Ct. St. James City, FL 33956	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert L. Lindahl Robert L. Lindahl 4-12-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

*Attachment*  
66415198

<b>DOCUMENT # N0100000529</b>			
1. Entity Name <b>VILLAGES OF PINE ISLAND PROPERTY OWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business 1505 SE 40TH ST., STE. B CAPE CORAL FL 33904		Mailing Address 1505 SE 40TH ST., STE. B CAPE CORAL FL 33904	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number <b>NO-T APPLICABLE</b>	
FISHER, LEIGH M 1505 SE 40TH ST., STE. B CAPE CORAL FL 33904		Applied For	
		Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FISHER, LEIGH M 1505 SE 40TH ST., STE. B CAPE CORAL FL 33904		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>VALCARCEL, FRANK</del> <del>4370 WOODSTOCK RD.</del> <del>ST. JAMES FL 33956</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:** *[Signature]* Daniel Greene **16 April 2004** 239.542.3189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment  
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**DOCUMENT # N0100000529**  
 1. Entity Name  
**VILLAGES OF PINE ISLAND PROPERTY OWNER'S ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 1505 SE 40TH ST., STE. B      1505 SE 40TH ST., STE. B  
 CAPE CORAL FL 33904      CAPE CORAL FL 33904

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

[REDACTED]

MOORE      CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**FISHER, LEIGH M**  
**1505 SE 40TH ST., STE. B**  
**CAPE CORAL FL 33904**

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.

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SIGNATURE: Scott Myers      3/22/04      239-283-5716  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #