2004 NOT-FOR-PROFIT CORPORATION

Apr 26, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N01000000529 1. Entity Name 04-26-2004 90802 001 ****20.50 04-26-2004 90802 002 ****40.75 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 66415198 CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISHER, LEIGH M Street Address (P.O. Box Number is Not Acceptable) 1505 SE 40TH ST., STE. B CAPE CORAL FL 33904 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change ☐ Addition TITLE GREENE, DANIEL NAME NAME 931 CAPE CORAL PKWY. STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition LINDAHL, ROBERT NAME NAME 1505 SE 40TH ST., STE. B STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP ĺά TITLE TITLE ☐ Change Addition XX Delete VALCARCEL, FRANK NAME NAME 4970 WOODSTOCK RD. STREET ADDRESS STREET ADDRESS ST. JAMES FL 33956 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME Myers, Scott STREET ADDRESS STREET ADDRESS 2916 Buttonwood Key Ct. CITY-ST-ZIP CITY-ST-ZIP St. James City, FL 33956 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition

12. Thereby certify that the information supplied with this filling 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 231-590-9298

NAME

STREET ADDRESS

CITY-ST-ZIP .

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2004 NOT-FOR-POFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # N0100000529 1. Entity Name					SPMU	chment	6415	198
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE	CR2	E037 (11/03)		
City & State		City & State		4. FEI Number	APPLICAB	ı <u>r</u> ⊢	oplied For ot Applicable	
Zip Country		Zip Country		intry	5. Certificate of Status D	esired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent	1		7. Name and Address of	f New Register		
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FISHER, LEIGH M 1505 SE 40TH ST., STE. B CAPE CORAL FL 33904				Street Address (P.O. Box Number is Not Acceptable)				
O 7 ti			City			Zip Cod	le	
				FL				
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	s registere	ed office or register	red agent, or both, in the St	ate of Florida. I	am familiar with,	and accept
SIGNATURE ·	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registere	d Agent signature required	d when reinstating)	DA	TE	
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SIGNATURE: Danie Danie Danie Dale Daylore Printed Name of Signing Officer or Director Dale Date Daylore Prone #

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

SIGNATURE:

Attachment 66415198 DOCUMENT # N01000000529 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. MOORE CR2E037:: (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change Addition TITLE ☐ Delete GREENE, DANIEL NAME NAME 931 CAPE CORAL PKWY. STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP Oelete Change ☐ Addition LINDAHL, ROBERT NAME 1505 SE 40TH ST., STE. B STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CJTY-ST-ZIP CITY-ST-ZIP - Change - Addition XX:Delete VALCARCEL, FRANK NAME NAME 4370 WOODSTOCK RD. STREET ADDRESS STREET ADDRESS ST. JAMES FL 33956 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME Myers, Scott NAME STREET ADDRESS 2916 Buttonwood Key Ct. CITY-ST-ZIP CITY-ST-ZIP <u>St. James City. FL 33956</u> TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change noitibbA 🔲 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 pitter like empowered.

3/22/04 239-283-5716
Date Dayline Phone #