

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 27, 2006  
Secretary of State**

DOCUMENT# N01000000529

**Entity Name:** VILLAGES OF PINE ISLAND PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

600 FIFTH AVE SOUTH  
SUITE 207  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

600 FIFTH AVE SOUTH  
SUITE 207  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUGGER, JOHN N  
600 FIFTH AVE SOUTH  
SUITE 207  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRUGGER, JOHN N  
Address: 600 FIFTH AVE S., STE 207  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: SMEJA, ROBERT B  
Address: 600 FIFTH AVE S., STE 207  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: SMEJA, BONNIE  
Address: 600 FIFTH AVE S., STE 207  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN N. BRUGGER

PD

02/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date