


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N0100000529

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



Principal Place of Business 600 FIFTH AVE SOUTH SUITE 207 NAPLES, FL 34102	Mailing Address 600 FIFTH AVE SOUTH SUITE 207 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUGGER, JOHN N 600 FIFTH AVE S., STE 207 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMEJA, ROBERT B 600 FIFTH AVE S., STE 207 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMEJA, BONNIE 600 FIFTH AVE S., STE 207 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____