

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N01000000529

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



04242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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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IN THIS SPACE**

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 _____

**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 PD
NAME BRUGGER, JOHN N
STREET ADDRESS 600 FIFTH AVE S., STE 207
CITY-ST-ZIP NAPLES, FL 34102

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

TITLE D
NAME SMEJA, BONNIE
STREET ADDRESS 600 FIFTH AVE S., STE 207
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #