

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90720 041 \*\*\*\*61.25

**DOCUMENT # N01000000529**



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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional 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  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GREENE, DANIEL</b>
STREET ADDRESS	<b>931 CAPE CORAL PKWY.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LINDAHL, ROBERT</b>
STREET ADDRESS	<b>1505 SE 40TH ST., STE. B</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VALCARCEL, FRANK</b>
STREET ADDRESS	<b>4370 WOODSTOCK RD.</b>
CITY-ST-ZIP	<b>ST. JAMES FL 33956</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Daniel Greene* 13 March 2003 239-542-3189

CR2E037 (10/02)