2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State
03-29-2005 90015 005 ****61.25

DOCUMENT # N14561

1. Entity Name
ISLE OF PINES OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7668 MYRSINE CIRCLE BOKEELIA FL 33922 US	P.O. BOX 2245 PINELAND FL 33945 US

2. Principal Place of Business	3. Mailing Address
7733 Myrsine Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bokeela FL. 33922	City & State
Zip: 33922 Country: US	Zip: Country:

1st MOORE CR2E037 (10/04)

4. FEI Number: NO-T APPLICABLE — Applied For / Not Applicable

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
ADAMS, JOSEPH E BECKER & POLIAKOFF, PA 14241 METROPOLIS AVENUE, SUITE 100 FORT MYERS FL 33912	Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

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

TITLE NOW: FEE IS $61.25 Due By May 1, 2005

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: TD NAME: THEBO, DIANE STREET ADDRESS: 7684 MYRSINE CIRCLE CITY-ST-ZIP: BOKEELIA FL 33922	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: ~~PD~~ D NAME: BLACKWELL, PATRICIA STREET ADDRESS: 7668 MYRSINE CIRCLE CITY-ST-ZIP: BOKEELIA FL 33922	☐ Delete	TITLE: ~~Vice President~~ Director NAME: STREET ADDRESS: CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: SD NAME: MERKWAZ, JOAN STREET ADDRESS: 7680 MYRSINE CIRCLE CITY-ST-ZIP: BOKEELIA FL 33922	☒ Delete	TITLE: Director NAME: Jim Woods STREET ADDRESS: 7645 Myrsine Circle CITY-ST-ZIP: Bokeelia FL 33922	☐ Change ☒ Addition
TITLE: ~~VPD~~ NAME: THEBO, GARY STREET ADDRESS: 7684 MYRSINE CIRCLE CITY-ST-ZIP: BOKEELIA FL 33922	☒ Delete	TITLE: Vice President · Director NAME: Kabik Ross STREET ADDRESS: 7691 Myrsine Cirdo CITY-ST-ZIP: Bokeelia FL 33922	☐ Change ☒ Addition
TITLE: SD NAME: MERKWAZ, JOAN STREET ADDRESS: PO BOX 607 CITY-ST-ZIP: PINELAND FL 33945	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: ~~VP~~ P NAME: MALONE, PATRICK STREET ADDRESS: 7686 MYRSINE CIRCLE CITY-ST-ZIP: BOKEELIA FL 33922	☐ Delete	TITLE: President NAME: STREET ADDRESS: CITY-ST-ZIP:	☒ Change ☐ Addition

2. 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: Diane Thebo Diane Thebo 3-23-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Treasurer