2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N14561

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

Principal Place of Business	Mailing Address
7733 MYRSINE CIR BOKEELIA, FL 33922 US	P.O. BOX 2245 PINELAND, FL 33945 US

01272007 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

DOWD, WILLIAM J
7768 MYRSINE CIR
BOKEELIA, FL 33922

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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: William J. Dowd William J Dowd 2-21-07
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

U00000647057
03/06/07-80057-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOWD, WILLIAM J
STREET ADDRESS	7768 MYRSINE CIR
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	VD
NAME	ESHMAN, JOHN F SR
STREET ADDRESS	7656 MYRSINE CIR
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	VD
NAME	CUNNINGHAM, JOE
STREET ADDRESS	39 PLEASANT ST
CITY-ST-ZIP	STONEHAM, MA 02180
TITLE	SD
NAME	VILLA-SOARES, NANCY
STREET ADDRESS	7645 MYRSINE CIR
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	TD
NAME	CHUMLEY, KATHLEEN
STREET ADDRESS	7686 MYRSINE CIR
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	D
NAME	HATHY, ROBIN M
STREET ADDRESS	7662 MYRSINE CIR
CITY-ST-ZIP	BOKEELIA, FL 33922

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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: Kathleen Chumley Treasurer 2-17-07 239-283-4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #