

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14561

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** ISLE OF PINES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7733 MYRSINE CIR  
BOKEELIA, FL 33922 US

**New Principal Place of Business:**

7763 MYRSINE CIR  
BOKEELIA, FL 33922 US

**Current Mailing Address:**

P.O. BOX 2245  
PINELAND, FL 33945 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THEBO, DIANE  
7692 MYRSINE CIRCLE  
BOKEELIA, FL 33922 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MALONE, PATRICK  
Address: 7698 MYRSINE CIRCLE  
City-St-Zip: BOKEELIA, FL 33922

Title: VD ( ) Delete  
Name: MERKWAZ, JOE  
Address: 7680 MYRSINE CIRCLE  
City-St-Zip: BOKEELIA, FL 33922

Title: VP ( ) Delete  
Name: MERKWAZ, JOE  
Address: 7680 MYRSINE CIRCLE  
City-St-Zip: BOKEELIA, FL 33922

Title: DS ( ) Delete  
Name: MERKWAZ, JOAN  
Address: 7680 MYRSINE CIRCLE  
City-St-Zip: BOKEELIA, FL 33922

Title: DT ( ) Delete  
Name: THEBO, DIANE  
Address: 7692 MYRSINE CIRCLE  
City-St-Zip: BOKEELIA, FL 33922

Title: DT ( ) Delete  
Name: BLACKWELL, PATRICIA  
Address: 7668 MYRSINE CIRCLE  
City-St-Zip: BOKEELIA, FL 33922

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE THEBO

DT

02/10/2009

Electronic Signature of Signing Officer or Director

Date