2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14561

FILED Jan 29, 2010 Secretary of State

Entity Name: ISLE OF PINES OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7763 MYRSINE CIR 7733 MYRSINE CIRCLE BOKEELIA, FL 33922 US BOKEELIA, FL 33922 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2245

PINELAND, FL 33945 US

FEI Number: 65-0326626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THEBO, DIANE 7692 MYRSINE CIRCLE BOKEELIA, FL 33922 US

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.

iii tiio otato oi i ioi

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP

Name: MALONE, PATRICK
Address: 7698 MYRSINE CIRCLE
City-St-Zip: BOKEELIA, FL 33922 US

Title: DVP

Name: MERKWAZ, JOE
Address: 7680 MYRSINE CIRCLE
City-St-Zip: BOKEELIA, FL 33922 US

Title: VP

Name: MERKWAZ, JOE
Address: 7680 MYRSINE CIRCLE
City-St-Zip: BOKEELIA, FL 33922 US

Title: DS

Name: MERKWAZ, JOAN
Address: 7680 MYRISINE CIRCLE
City-St-Zip: BOKEELIA, FL 33922 US

Title: DT

 Name:
 THEBO, DIANE

 Address:
 7692 MYRSINE CIRCLE

 City-St-Zip:
 BOKEELIA, FL 33922 US

Title: DT

Name: BLACKWELL, PATRICIA Address: 7668 MYRSINE CIRCLE City-St-Zip: BOKEELIA, FL 33922 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICK MALONE P 01/29/2010