2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2011
Secretary of State

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Entity Name: ISLE OF PINES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7733 MYRSINE CIRCLE
BOKEELIA, FL 33922 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2245
PINELAND, FL 33945 US

New Mailing Address:

FEI Number: 65-0326626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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: DP
Name: MERKWAZ, JOE
Address: 7680 MYRSINE CIRCLE
City-St-Zip: BOKEELIA, FL 33922 US

Title: DP
Name: MURPHY, JIM
Address: 7691 MYRSINE CIRCLE
City-St-Zip: BOKEELIA, FL 33922 US

Title: VP
Name: WOODS, JIM
Address: 7736 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: SOARES, NANCY
Address: 7645 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: DIANE THEBO DT 03/07/2011
Electronic Signature of Signing Officer or Director Date