

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90213 037 ****61.25

DOCUMENT # N93000000427

1. Entity Name

ISLAND PINES RECREATIONAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12650 WHITEHALL DR.
 FORT MYERS FL 33907
 US

~~12650 WHITEHALL DR.~~
~~FORT MYERS FL 33907~~
~~US~~

A0065356



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Old 9400 GLADIOLUS DR.

SUITE #100

FT. MYERS, FL

33908

US

4. FEI Number

65-0422741

Apt. Not

5. Certificate of Status Desired

\$8.75 Addtl Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BENSON, MARK R~~
~~12650 WHITEHALL DR.~~
~~FORT MYERS FL 33907~~

MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DR.
SUITE 100
FT. MYERS, FL 33908

Name **ARLENE O'NEILL**
 Street Address (P.O. Box Number is Not Acceptable)
MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DR. SUITE 100
 City **FT. MYERS** FL Zip Code **339**

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.

SIGNATURE

Arlene O'Neill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/01

DATE

FILE NOW
FEES \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KAPTYN, JOHN	
STREET ADDRESS	600 HWY #7 E STE 101	
CITY-ST-ZIP	RICHMOND HILL, ONTARIO, CANA L4B-1B2	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LITWACK, JACK	
STREET ADDRESS	22652 ISLAND PINES WAY #154	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D PRES.	<input type="checkbox"/> Delete
NAME	JOHNSON, LAVERNE	
STREET ADDRESS	22772 ISLAND PINES WAY #214	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERA, LOU	
STREET ADDRESS	22700 ISLAND PINES WAY #3103	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D DIRECTOR	<input type="checkbox"/> Delete
NAME	CONWAY, RICHARD	
STREET ADDRESS	5930 TAYLORSVILLE RD.	
CITY-ST-ZIP	DAYTON OH 45424	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KYLE, MICHAEL	
STREET ADDRESS	6691 ESTERO BLVD.#103	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RON SPESIA V.P./D	<input type="checkbox"/> Change
NAME	22652 ISLAND PINES WAY # 256	
STREET ADDRESS	FT. MYERS BEACH, FL 33931	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC./D	<input type="checkbox"/> Change
NAME	NANCY SHEARER	
STREET ADDRESS	22724 ISLAND PINES WAY # 402	
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREAS./D	<input type="checkbox"/> Change
NAME	ARTHUR H. ALLEN	
STREET ADDRESS	6691 ESTERO BLVD #503	
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931	

12. 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 info 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 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 B changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur H. Allen **ARTHUR H. ALLEN**
3-25-01 991.103