

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90638 001 ****61.25

DOCUMENT # N93000000427

1. Entity Name

ISLAND PINES RECREATIONAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~12830 WHITEHALL DR.~~
~~FORT MYERS FL 33907~~
 US

C/O 9400 GLADIOLUS DRIVE
 SUITE 100
 FORT MYERS FL 33908
 US

Principal Place of Business

3. Mailing Address

9400 GLADIOLUS DR.
 Suite, Apt. #, etc.
 #100

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS, FL

Zip
 33908

Country
 LEE

Zip

Country

4. FEI Number

65-0422741

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name: **PRIME MANAGEMENT GROUP**
 Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

O'NEILL, ARLENE

~~MARCUS MANAGEMENT, INC.~~
 9400 GLADIOLUS DRIVE, SUITE 100
 FORT MYERS FL 33908

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)

3/13/02

DATE

FILE-NOW: FEE IS \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPESIA, RON 22852 ISLAND PINES WAY, #256 FORT MYERS BEACH FL 33931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LAVERNE 22772 ISLAND PINES WAY #214 FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEARER, NANCY 22724 ISLAND PINES WAY, #402 FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, RICHARD 5930 TAYLORSVILLE RD. DAYTON OH 45424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, ARTHUR H 6691 ESTERO BLVD., #503 FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KARDA, BOB 66 KENTISH CRES. AGINCOURT, ONTARIO, CANADA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Johnson, Laverne 5403 NORTH LACROSSE AVE CHICAGO, IL 60630	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHEARER, NANCY 22724 ISLAND PINES WAY #402 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CONWAY, RICHARD 5930 TAYLORSVILLE RD. DAYTON, OH 45424	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ALLEN, ARTHUR 6691 ESTERO Blvd. # 503 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

Laverne Johnson, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

Daytime Phone #

0097101

CR2E037 (9/01)