

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000427

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: ISLAND PINES RECREATIONAL ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

FEI Number: 65-1013110      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 32779 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: JOHNSON, LAVERNE  
Address: 22772 ISLAND PINES WAY #213  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VPD ( ) Delete  
Name: CONWAY, RICHARD  
Address: 5930 TAYLORSVILLE RD  
City-St-Zip: DAYTON, OH 45424

Title: SD ( ) Delete  
Name: SHEARER, NANCY  
Address: 132 LA RAY DR  
City-St-Zip: BUTLER, PA 16001

Title: TD ( ) Delete  
Name: ALLEN, ARTHUR  
Address: 208 SKYLAKE  
City-St-Zip: SAYTEE, GA 30571

Title: D ( ) Delete  
Name: KARDA, BILL  
Address: 22676 ISLAND PINES WAY  
City-St-Zip: FORT MYERS BEACH, FL 33931

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

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

Title: VPD (X) Change ( ) Addition  
Name: CIARAMITA, PETER  
Address: 6661 ESTERO BLVD #102  
City-St-Zip: ESTERO, FL 33931

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 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 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: LAVERNE JOHNSON

PD

04/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date