


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90014 026 ****61.25

DOCUMENT # N93000000427

1. Entity Name
ISLAND PINES RECREATIONAL ASSOCIATION, INC.



Principal Place of Business
**C/O MYERS BRETTHOLTZ & CO.
 12671 WHITEHALL DR.
 FT. MYERS, FL 33907 US**

Mailing Address
**2180 W. STATE ROAD 434
 SUITE 5000
 LONGWOOD, FL 32779-5044 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country


3. Mailing Address
**C/O Myers Brettholtz & Co
 12671 Whitehall Dr.
 Ft. Myers, FL
 33907 US**

4. FEI Number
65-1013110

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

01292007 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent
**MYERS BRETTHOLTZ & CO.
 12671 WHITEHALL DR.
 FT. MYERS, FL 33907**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William Kardor* DATE April 18 / 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD WARBURTON, ROBERT 22748 ISLAND PINES WAY #502 FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CIARAMITA, PETER 6661 ESTERO BLVD #102 ESTERO, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Ciaramita, Peter 6661 Etero Blvd #102 Ft Myers Beach, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HECKMAN, JOYCE 22796 ISLAND PINES WAY FT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHIMPF, ROBERT PO BOX 108 FORT MYERS, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KARDA, BILL 22676 ISLAND PINES WAY FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: *William Kardor* DATE APRIL 18 / 2007 DAYTIME PHONE # 239-463-5054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR