


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90040 027 ****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
C/O MYERS BRETTHOLTZ & CO
12671 WHITEHALL DR.
FORT MYERS, FL 33907 US

40104224



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01292008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
65-1013110

Applied For
 Not Applicable

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

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

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WARBURTON, ROBERT	
STREET ADDRESS	22748 ISLAND PINES WAY #502	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIARAMITA, PETER	
STREET ADDRESS	6661 ETERO BLVD #102	
CITY-ST-ZIP	FT MYERS BEACH, FL 33931	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HECKMAN, JOYCE	
STREET ADDRESS	22796 ISLAND PINES WAY	
CITY-ST-ZIP	FT MYERS BEACH, FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIMPF, ROBERT	
STREET ADDRESS	PO BOX 108	
CITY-ST-ZIP	FORT MYERS, FL 33931	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KARDA, BILL	
STREET ADDRESS	22676 ISLAND PINES WAY	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glen Holmstrom	
STREET ADDRESS	22628 Island Pines Way 1405	
CITY-ST-ZIP	FT. Myers Beach, FL 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Joyce A. Heckman - Joyce A. Heckman 4/23/08 239-463-0851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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5344