


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 BRETTTHOLTZ & CO. 12671 WHITEHALL DR. FT. MYERS, FL 33907 US			Mailing Address C/O MYERS BRETTTHOLTZ & CO 12671 WHITEHALL DR. FORT MYERS, FL 33907 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1013110	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS BRETTTHOLTZ & 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VPD NAME WARBURTON, ROBERT STREET ADDRESS 22748 ISLAND PINES WAY #502 CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Glen Holmstrom STREET ADDRESS 22628 Island Pines Way 1405 CITY-ST-ZIP H. Myers Beach, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CIARAMITA, PETER STREET ADDRESS 6661 ETERO BLVD #102 CITY-ST-ZIP 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 SD NAME HECKMAN, JOYCE STREET ADDRESS 22796 ISLAND PINES WAY CITY-ST-ZIP 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 D NAME SCHIMPF, ROBERT STREET ADDRESS PO BOX 108 CITY-ST-ZIP FORT MYERS, FL 33931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME KARDA, BILL STREET ADDRESS 22676 ISLAND PINES WAY CITY-ST-ZIP 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: <u>Joyce A. Heckman - Joyce A. Heckman</u> 4/23/08 239-463-0851					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40104224



01292008 Chg-NP CR2E037 (12/06)

120
5341