

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90485 013 ****61.25

DOCUMENT # N93000000427



1. Entity Name
ISLAND PINES RECREATIONAL ASSOCIATION, INC.

Principal Place of Business
**9400 GLADIOLUS DR
100
FORT MYERS FL 33908
US**

Mailing Address
**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US**

10080775



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2180 W SR 434
Suite, Apt. #, etc.
SUITE 5000

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

City & State
LONGWOOD FL

City & State

4. FEI Number ~~65-0422741~~
65-1013110

Applied For
Not Applicable

Zip
32779-5044

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRIME MANAGEMENT GROUP
MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DRIVE, SUITE 100
FORT MYERS FL 33908**

**JAMES W HART JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779**

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  DATE **4/21/03**

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

FILE NOW: FEE IS \$61.25

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	D KARDA, BOB 66 KENTISH CRES AGINCOURT, ONTARIO CA 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DREBES, LARRY 22652 ISLAND PINES WAY FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, LAVERNE 5463 N LACROSSE AVE CHICAGO IL 60630 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, LAVERNE 22772 ISLAND PINES WAY FORT MYERS, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 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:  DATE **3/10/03**

CR2E037 (10/02)