

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000343

FILED
Apr 26, 2006
Secretary of State

Entity Name: ALDEN PINES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 244
BOKEELIA, FL 33922 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 244
BOKEELIA, FL 33922 US

New Mailing Address:

FEI Number: 65-0655358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUKASEK, DAVID
7637 GRANDE PINE RD
BOKEELIA, FL 33922 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: P () Delete
Name: WERNER, DAVE
Address: 14043 BOKEELIA RD
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: STOBER, ANNA
Address: 7463 GRAND PINE ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: AINSWORTH, JOSEPH
Address: 14171 BOKEELIA RD
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: LUKASEK, DAVID
Address: 7637 GRANDE PINE RD
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: COX, KENNETH
Address: 7660 GRANDE PINE RD
City-St-Zip: BOKEELIA, FL 33922

Title: P (X) Delete
Name: STOBER, ANNA
Address: 7463 GRANDE PINE RD
City-St-Zip: BOKEELIA, FL 33922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DAVIS, BILL
Address: 14221 CLUBHOUSE DR
City-St-Zip: BOKEELIA, FL 33922

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

Title: D (X) Change () Addition
Name: NAVIA, MAX
Address: 7747 GRANDE PINE RD
City-St-Zip: BOKEELIA, FL 33922

Title: D (X) Change () Addition
Name: BROWNE, JESSIE
Address: 14400 SANDARAC DR
City-St-Zip: BOKEELIA, FL 33922

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 Chapter 119, 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: PEGGY LUKASEK

TR

04/26/2006

Electronic Signature of Signing Officer or Director

Date