



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90003 017 ****61.25

DOCUMENT # N97000003175					
1. Entity Name BIG PINE ISLAND HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 7373 CIR DR. LADY LAKE, FL 32159 US		Mailing Address 7373 CIR DR. LADY LAKE, FL 32159 US		50002384  01072005 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3465604	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
HOPWOOD, RONALD T 7373 CIRCLE DR LADY LAKE, FL 32159		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$81.25 Due by May 1, 2005		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	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDON, TIMOTHY		NAME		
STREET ADDRESS	307 S FIELDING AVE		STREET ADDRESS		
CITY- ST- ZIP	TAMPA, FL 33808		CITY- ST- ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPWOOD, RONALD T		NAME	HOPWOOD, RONALD T	
STREET ADDRESS	7373 CIRCLE DR		STREET ADDRESS	7373 CIRCLE DR	
CITY- ST- ZIP	LADY LAKE, FL 32159		CITY- ST- ZIP	LADY LAKE, FL 32159	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, PATRICK		NAME		
STREET ADDRESS	40077 MYRTLE LANE		STREET ADDRESS		
CITY- ST- ZIP	LADY LAKE, FL 32159		CITY- ST- ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPWOOD, SARA E		NAME	KATZ, WAYNE	
STREET ADDRESS	7373 CIRCLE DR		STREET ADDRESS	40154 CEDAR TRAIL	
CITY- ST- ZIP	LADY LAKE, FL 32159		CITY- ST- ZIP	LADY LAKE, FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNETT, JOHN		NAME	HICKMAN, DONALD	
STREET ADDRESS	1 BEACH DR. SE STE 304		STREET ADDRESS	7357 CIRCLE DR	
CITY- ST- ZIP	SAINT PETERSBURG, FL 33701		CITY- ST- ZIP	LADY LAKE, FL 32159	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <i>Ronald T. Hopwood</i>			RONALD T. HOPWOOD 7 JAN 05 (352) 753-2471		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		