

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2006**  
**Secretary of State**

DOCUMENT# N97000003175

Entity Name: BIG PINE ISLAND HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7373 CIR DR.  
LADY LAKE, FL 32159 US

**New Principal Place of Business:**

**Current Mailing Address:**

7373 CIR DR.  
LADY LAKE, FL 32159 US

**New Mailing Address:**

FEI Number: 59-3465604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOPWOOD, RONALD T  
7373 CIRCLE DR  
LADY LAKE, FL 32159 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: SD ( ) Delete  
Name: CONDON, TIMOTHY  
Address: 307 S FIELDING AVE  
City-St-Zip: TAMPA, FL 33606

Title: TD ( ) Delete  
Name: HOPWOOD, RONALD T  
Address: 7373 CIRCLE DR  
City-St-Zip: LADY LAKE, FL 32159

Title: VPD ( ) Delete  
Name: COX, PATRICK  
Address: 40077 MYRTLE LANE  
City-St-Zip: LADY LAKE, FL 32159

Title: D ( ) Delete  
Name: KATZ, WAYNE  
Address: 40154 CEDAR TRAIL  
City-St-Zip: LADY LAKE, FL 32159

Title: PD ( ) Delete  
Name: HICKMAN, DONALD  
Address: 7357 CIRCLE DR  
City-St-Zip: LADY LAKE, FL 32159

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: RONALD T. HOPWOOD

TD

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date