

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28711

Entity Name: PACE ISLAND OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**463499 STATE ROAD 200
YULEE, FL 32097**Current Mailing Address:**P O BOX 1987
YULEE, FL 32041 US**FEI Number:** 59-2927306**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROPERTY MANAGEMENT SYSTEMS INC
463499 STATE ROAD 200
YULEE, FL 32097 US*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**Officer/Director Detail :**

Title	PD
Name	RYNNE, CAROL II
Address	P O BOX 1987
City-State-Zip:	YULEE FL 32041

Title	VPD
Name	HASTE, TODD
Address	P O BOX 1987
City-State-Zip:	YULEE FL 32041

Title	SD
Name	CRONIN, AMY
Address	P O BOX 1987
City-State-Zip:	YULEE FL 32041

Title	TD
Name	JEAKLE, JOHN JR
Address	P O BOX 1987
City-State-Zip:	YULEE FL 32041

Title	D
Name	PINHO, MICHAEL E
Address	P O BOX 1987
City-State-Zip:	YULEE FL 32041

Title	D
Name	FARHAT, DIANA R
Address	P O BOX 1987
City-State-Zip:	YULEE FL 32041

Title	D
Name	LIPPMAN, MICHAEL
Address	P O BOX 1987
City-State-Zip:	YULEE FL 32041

I hereby 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 all other like empowered.

SIGNATURE: CAROL RYNNE**PRESIDENT****04/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date