

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000427

**Entity Name:** ISLAND PINES RECREATIONAL ASSOCIATION, INC.

**FILED**  
**May 06, 2022**  
**Secretary of State**  
**5497563688CC**

**Current Principal Place of Business:**

C/O MYTOWN COMMUNITIES  
2830 WINKLER AVE 101  
FT. MYERS, FL 33916

**Current Mailing Address:**

C/O MYTOWN COMMUNITIES  
2830 WINKLER AVE 101  
FT. MYERS, FL 33916 US

**FEI Number: 65-1013110**

**Certificate of Status Desired: No**

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

KELLOGG, CODY L  
C/O MYTOWN COMMUNITIES  
2830 WINKLER AVE 101  
FT. MYERS, FL 33916 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: CODY KELLOGG**

**05/06/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARPENTER, WALLY  
Address        C/O MYTOWN COMMUNITIES  
                  2830 WINKLER AVE 101  
City-State-Zip: FT. MYERS FL 33916

Title            VP  
Name            MCCOY, KEVIN  
Address        C/O MYTOWN COMMUNITIES  
                  2830 WINKLER AVE 101  
City-State-Zip: FT. MYERS FL 33916

Title            SECRETARY  
Name            FIGUEROA, CANDIDO  
Address        C/O MYTOWN COMMUNITIES  
                  2830 WINKLER AVE 101  
City-State-Zip: FT. MYERS FL 33916

Title            TREASURER  
Name            MCGUIRE, KAREN  
Address        C/O MYTOWN COMMUNITIES  
                  2830 WINKLER AVE 101  
City-State-Zip: FT. MYERS FL 33916

Title            DIRECTOR  
Name            WENDLANDT, DAVID  
Address        C/O MYTOWN COMMUNITIES  
                  2830 WINKLER AVE 101  
City-State-Zip: FT. MYERS FL 33916

Title            DIRECTOR  
Name            KING, JEFF  
Address        C/O MYTOWN COMMUNITIES  
                  2830 WINKLER AVE 101  
City-State-Zip: FT. MYERS FL 33916

*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: CARPENTER , WALLY**

**PRESIDENT**

**05/06/2022**

Electronic Signature of Signing Officer/Director Detail

Date