2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000427

Entity Name: ISLAND PINES RECREATIONAL ASSOCIATION, INC.

FILED
Mar 25, 2020
Secretary of State
7604038178CC

Current Principal Place of Business:

C/O P&M PROPERTY MANAGEMENT 2830 WINKLER AVE 101 FT. MYERS, FL 33916

Current Mailing Address:

C/O P&M PROPERTY MANAGEMENT 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:

SAPP, PAUL L C/O P&M PROPERTY MANAGEMENT 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: PAUL L SAPP 03/25/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

Name CARPENTER, WALLY Name CELESK, ROGER

Address C/O P&M PROPERTY Address C/O P&M PROPERTY

MANAGEMENT MANAGEMENT

2830 WINKLER AVE 101 2830 WINKLER AVE 101

City-State-Zip: FT. MYERS FL 33916 City-State-Zip: FT. MYERS FL 33916

Title SECRETARY, DIRECTOR Title TREASURER, DIRECTOR

Name FIGUEROA, CANDIDO Name CLARKE, JACK

Address C/O P&M PROPERTY Address C/O P&M PROPERTY

MANAGEMENT MANAGEMENT 2830 WINKLER AVE 101 2830 WINKLER AVE 101

City-State-Zip: FT. MYERS FL 33916 City-State-Zip: FT. MYERS FL 33916

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 RYAN, MIKE
 Name
 KING, JEFF

Address C/O P&M PROPERTY Address C/O P&M PROPERTY

MANAGEMENT MANAGEMENT

2830 WINKLER AVE 101 2830 WINKLER AVE 101

City-State-Zip: FT. MYERS FL 33916 City-State-Zip: FT. MYERS FL 33916

Title OTHER

Name BOLINGER, KEVIN D

Address C/O P&M PROPERTY

MANAGEMENT

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: WALLY CARPENTER 03/25/2020