

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N28711

Entity Name: PACE ISLAND OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1545 ROYAL FERN LANE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1545 ROYAL FERN LANE
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-2927306 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POWELL, TERRELL J.
463499 STATE ROAD 200
YULEE, FL 32097 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: VD () Delete
Name: RYNNE, PAUL
Address: 1553 CHAIN FERN WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: FARHAT, DIANA
Address: 1481 RUSH LN
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: KAISER, BOB
Address: 1810 HOLLY FLOWER LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: TD () Delete
Name: JEAKLE, JERRY
Address: 1804 HOLLY FLOWER LN
City-St-Zip: ORANGE PARK, FL 32003

Title: S/D () Delete
Name: ROLLINS, SARAH
Address: 1478 RUSH LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: P/DD () Delete
Name: PINHO, MICHAEL
Address: 2242 SALT MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32003

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:

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 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 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: TERRELL J POWELL

RA

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date