#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28711

Entity Name: PACE ISLAND OWNERS ASSOCIATION, INC.

**FILED** Apr 13, 2018 **Secretary of State** CC1046410305

### **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

RYNNE, CAROL II Name

Address P O BOX 1987

YULEE FL 32041 City-State-Zip:

Title SD

CRONIN, AMY Name

Address P O BOX 1987

City-State-Zip: YULEE FL 32041

Title D

PINHO, MICHAEL E Name

P O BOX 1987 Address

City-State-Zip: YULEE FL 32041

Title

LIPPMAN, MICHAEL Name

SIGNATURE: CAROL RYNNE

P O BOX 1987 Address

City-State-Zip: YULEE FL 32041

Title **VPD** 

> Name HASTE, TODD

Address P O BOX 1987

City-State-Zip: YULEE FL 32041

Title TD

Name JEAKLE, JOHN JR

Address P O BOX 1987

YULEE FL 32041 City-State-Zip:

Title

Name FARHAT, DIANA R

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/13/2018

Date