

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 10, 2009
Secretary of State**

DOCUMENT# 718120

Entity Name: NETTLES ISLAND, INC.

Current Principal Place of Business:

9801 SOUTH OCEAN DR.
JENSEN BCH, FL 34957

New Principal Place of Business:

Current Mailing Address:

9801 SOUTH OCEAN DR.
JENSEN BCH, FL 34957

New Mailing Address:

FEI Number: 59-1407317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P.A.
C/O KENNETH S. DIREKTOR
1850 FOUNTAINVIEW BLVD STE #103
PORT ST. LUCIE, FL 34986 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CATES, CHARLES W
Address: 1288 NETTLES BLVD
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP () Delete
Name: SCHNELL, SHARON
Address: 719 NETTLES BLVD
City-St-Zip: JENSEN BEACH, FL 34957

Title: T () Delete
Name: SCHNELL, SHARON
Address: 719 NETTLES BLVD
City-St-Zip: JENSEN BEACH, FL 34957

Title: S () Delete
Name: BUFF, WILLIAM
Address: 1066 NETTLES BLVD
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BUFF, WILLIAM
Address: 1066 NETTLES BLVD
City-St-Zip: JENSEN BEACH, FL 34957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BRADY, SHARI
Address: 542 NETTLES BLVD
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES W. CATES

P

07/10/2009

Electronic Signature of Signing Officer or Director

Date