

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718120

FILED  
Feb 24, 2011  
Secretary of State

**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 ( )**

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

BECKER & POLIAKOFF, P.A.  
C/O KENNETH S. DIREKTOR  
1850 FOUNTAINVIEW BLVD STE #103  
PORT ST. LUCIE, FL 34986 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: P  
Name: CATES, CHARLES W  
Address: 1288 NETTLES BLVD  
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP  
Name: MAGLIANO, MICHAEL  
Address: 691 NETTLES BLVD  
City-St-Zip: JENSEN BEACH, FL 34957

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

Title: S  
Name: BRADY, SHARI  
Address: 542 NETTLES BLVD  
City-St-Zip: JENSEN BEACH, FL 34957

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: CHARLES WILLIAM CATES

PRES

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date