


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90008 004 \*\*\*\*61.25

<b>DOCUMENT # 764933</b>					
1. Entity Name ISLAND'S REACH TOWNHOUSE ASSOCIATION, INC.					
Principal Place of Business 8461 NAVARRE PARKWAY NAVARRE, FL 32566			Mailing Address P O BOX 5211 NAVARRE, FL 32566 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CURTIS, CALVIN C. 8461 NAVARRE PARKWAY NAVARRE, FL 32566				Name	
				Street Address (P.O. Box Number is Not Acceptable)-	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Calvin C. Curtis</i> PRESIDENT DATE: 31 Mar 04					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CURTIS, CALVIN C.	NAME			
STREET ADDRESS	8423 NAVARRE PARKWAY	STREET ADDRESS			
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WATSON, LESLIE	NAME	TATE, JOE		
STREET ADDRESS	8443 NAVARRE PKWY	STREET ADDRESS	8437 NAVARRE PKWY		
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP	NAVARRE, FL 32566		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QUEENAN, REGINALD	NAME			
STREET ADDRESS	8411 NAVARRE PARKWAY	STREET ADDRESS			
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAMPLES, C.W.	NAME			
STREET ADDRESS	8431 NAVARRE PKWY	STREET ADDRESS			
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLEY, CECELIA	NAME			
STREET ADDRESS	8445 NAVARRE PARKWAY	STREET ADDRESS			
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Calvin C. Curtis</i> CALVIN CURTIS DATE: 31 Mar 04 DAYTIME PHONE: 850-939-3213					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					