


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90571 047 ****61.25

DOCUMENT # 764933

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

Z0036604



2. Principal Place of Business
8423 NAVARRE PKWY
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04142005 Chg-NP CR2E037 (10/03)

City & State
NAVARRE, FL

City & State

Zip
32566

Country
USA

4. FEI Number
59-2778894

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CURTIS, CALVIN C.
8461 NAVARRE PARKWAY
NAVARRE, FL 32566

7. Name and Address of New Registered Agent

Name
CALVIN CURTIS

Street Address (P.O. Box Number is Not Acceptable)
8423 NAVARRE PKWY

NAVARRE

City
FL Zip Code
32566

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS, CALVIN C. <input type="checkbox"/> Delete 8423 NAVARRE PARKWAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, JOE <input type="checkbox"/> Delete 8437 NAVARRE PKWY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUEENAN, REGINALD <input type="checkbox"/> Delete 8411 NAVARRE PARKWAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPLES, C.W. <input type="checkbox"/> Delete 8431 NAVARRE PKWY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, CECELIA <input checked="" type="checkbox"/> Delete 8445 NAVARRE PARKWAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Calvin C. Curtis PRESIDENT 14 Apr 05 850-748-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #