

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764933

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: ISLAND'S REACH TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

8423 NAVARRE PKWY  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

8411 NAVARRE PKWY  
NAVARRE, FL 32566 US

**Current Mailing Address:**

P O BOX 5211  
NAVARRE, FL 32566 US

**New Mailing Address:**

FEI Number: 59-2778894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CURTIS, CALVIN  
8423 NAVARRE PKWY  
NAVARRE, FL 32566 US

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

ISLAND'S REACH TOWNHOUSE ASSN, INC  
8411 NAVARRE PKWY  
NAVARRE, FL 32566 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: ANN COMMISKEY

04/26/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CURTIS, CALVIN C.,  
Address: 8423 NAVARRE PARKWAY  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: TATE, JOE  
Address: 8437 NAVARRE PKWY  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: QUEENAN, REGINALD  
Address: 8411 NAVARRE PARKWAY  
City-St-Zip: NAVARRE, FL 32566

Title: D (X) Delete  
Name: SAMPLES, C.W.  
Address: 8431 NAVARRE PKWY  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: QUEENAN, REGGIE,  
Address: 8411 NAVARRE PARKWAY  
City-St-Zip: NAVARRE, FL 32566

Title: D (X) Change ( ) Addition  
Name: STEIDEL, STANLEY  
Address: 8433 NAVARRE PKWY  
City-St-Zip: NAVARRE, FL 32566

Title: D (X) Change ( ) Addition  
Name: RICHTER, JONATHAN  
Address: 8445 NAVARRE PARKWAY  
City-St-Zip: NAVARRE, FL 32566

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANN COMMISKEY

BKPR

04/26/2006

Electronic Signature of Signing Officer or Director

Date