


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90027 041 \*\*\*\*61.25

**DOCUMENT # 764933**

1. Entity Name  
**ISLAND'S REACH TOWNHOUSE ASSOCIATION, INC.**



Principal Place of Business  
**8411 NAVARRE PKWY**  
**NAVARRE, FL 32566 US**

Mailing Address  
**P O BOX 5211**  
**NAVARRE, FL 32566 US**

**40056560**

2. Principal Place of Business - No P.O. Box #  
**1804 Prado St**

3. Mailing Address  
**1804 Prado St**

Suite, Apt. #, etc.



02282007 Chg-NP CR2E037 (12/06)

City & State  
**NAVARRE FL**

City & State  
**NAVARRE, FL**

Zip Country  
**32566 USA**

Zip Country  
**32566 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

**ISLAND'S REACH TOWNHOUSE ASSN, INC**  
**8411 NAVARRE PKWY**  
**NAVARRE, FL 32566**

7. Name and Address of New Registered Agent

Name **Dorothy Slye**

Street Address (P.O. Box Numbers Not Acceptable)  
**1804 Prado St**

City **NAVARRE** 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, 2007**

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	D	<input type="checkbox"/> Delete
NAME	QUEENAN, REGGIE	
STREET ADDRESS	8411 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIDEL, STANLEY	
STREET ADDRESS	8433 NAVARRE PKWY	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHTER, JONATHAN	
STREET ADDRESS	8445 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Joseph	
STREET ADDRESS	8435 NAVARRE PKWY	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	Sec-Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barb Pullum	
STREET ADDRESS	8494 NAVARRE PKWY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I am empowered.

SIGNATURE Dorothy Slye **DOROTHY SLYE** 4/9/07 850-939-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #