2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54419

FILED Feb 22, 2009 Secretary of State

Entity Name: ISLE OF PALMS MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
7400 46TH AVENUE NORTH LOT 207				7400 46TH AVENUE NORTH LOT 208				
ST. PETERSBURG, FL 33709 US				ST. PETERSBURG, FL 33709 US				
Current Mailing Address:				New Mailing Address:				
7400 46TH AVENUE NORTH LOT 207				7400 46TH AVENUE NORTH LOT 208				
ST. PETERSBURG, FL 33709 US				ST. PETERSBURG, FL 33709 US				
FEI Number:	59-2038191	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certifica	ate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Reg	jistered Agent:	
CLARK, CLAIRE M 7400 46TH AVE N . LOT 207 ST PETERSBURG, FL 33709 US				HYDE, DOROTHY A 7400 46TH AVE N . LOT 208 ST PETERSBURG, FL 33709 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.								
SIGNATUR	E: DOROTH	Y A HYDE				C)2/22/2009	
	Electroni	c Signature of Registered A	gent				Date	
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	ROCCO, FACCIN 7400-46TH AVE			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	FACCINTO, CHE 7400 46TH AVE			Title: Name: Address: City-St-Zip:	,	() Change	() Addition	
Title: Name: Address: City-St-Zip:	S () PARISEAU, BAR 7400 46TH AVE. SAINT PETERSE	NO. LOT 424		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	CLARK, CLAIRE 7400 - 46TH AVE	Delete E. NORTH, LOT 207 BURG, FL 33709		Title: Name: Address: City-St-Zip:	T HYDE, DORO 7400 - 46TH SAINT PETEI	AVE. NORTH	H, LOT 208	
Title: Name: Address: City-St-Zip:	SHIAVONE, ED 7400 46TH AVE.	Delete NO LOT 407 BURG, FL 33709		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	JONES, PAM 7400-46TH AVE	Delete NO. LOT 413 BURG, FL 33709		Title: Name: Address: City-St-Zip:		() Change	() Addition	
I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.								

SIGNATURE: DOROTHY HYDE T 02/22/2009