
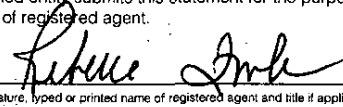
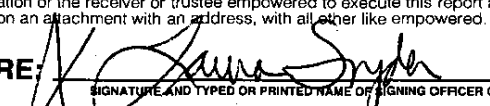


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90296 038 ****61.25

DOCUMENT # N00000000423			
1. Entity Name ISLAND CLUB WEST HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 3100 SAND MINE RD DAVENPORT, FL 33897		Mailing Address 3100 SAND MINE RD DAVENPORT, FL 33897	
2. Principal Place of Business 8009 S. ORANGE AVE		3. Mailing Address 8009 S. ORANGE AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL 32809	
Zip 32809		Country ORANGE	
4. FEI Number 59-3732542		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEADOWS, DAVID 400 SADDLEWORTH PLACE HEATHROW, FL 32746		7. Name and Address of New Registered Agent Name Rebecca Furlow Street Address (P.O. Box Number is Not Acceptable) C/O BELAND MANAGEMENT 8009 S. ORANGE AVE City ORLANDO, FL Zip Code 32809	
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 		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	STD CLARK, LINDA 3100 SAND MINE RD DAVENPORT, FL 33897 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. LAURA SNYDER 2920 LAKE SIDE DR HIGHLAND VILLAGE, TX 75077-6445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, DAVID 3100 SAND MINE RD DAVENPORT, FL 33897 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JIM BRETT 1330 OBER LANE CHAARIN FALLS, OH 44023-1124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP KAREN BRACY 11422-178-SE JAMAICA NY 11434-1408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		Date: 4/18/05 Daytime Phone #: 972 317 7790	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LAURA SNYDER			

20042562



ATTACHMENT

20042562
N00000000423

RUN DATE: 4/13/05
RUN TIME: 3:31 PM

Island Club West Homeowners Assn., Inc.
BOARD/COMMITTEE MEMBERS REPORT AS OF 04/13/05

PAGE 1

NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION

CLASS: PRESIDENT				
LAURA SNYDER 2920 LAKESIDE DRIVE HIGHLAND VILLAGE TX 75077-6445	KENNETH.SNYDER@ATT.NET	972-317-7050	972-317-7790	

CLASS: SECRETARY

JIM BRETT
7320 OBER LANE
CHAGRIN FALLS OH 44023-1124

CLASS: DIRECTOR

KAREN BRACY
11422 178 ST
JAMAICA NY 11434-1408

-- End of report --