

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000423

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: ISLAND CLUB WEST HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

8009 S. ORANGE AVE  
ORLANDO, FL 32809

**New Principal Place of Business:**

107 N LINE DR.  
APOPKA, FL 32703 US

**Current Mailing Address:**

8009 S. ORANGE AVE  
ORLANDO, FL 32809

**New Mailing Address:**

107 N. LINE DR.  
APOPKA, FL 32703 US

FEI Number: 59-3732542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FURLOW, REBECCA  
C/O LELAND MANAGEMENT  
8009 S. ORANGE AVE  
ORLANDO, FL 32809 US

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

SUTHERLAND, THERESA D  
107 N. LINE DR.  
APOPKA, FL 32703 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: THERESA SUTHERLAND

04/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SNYDER, LAURA  
Address: 2920 LAKE SIDE DRIVE  
City-St-Zip: HIGHLAND VILLAGE, TX 75077

Title: S ( ) Delete  
Name: BRETT, JIM  
Address: 7320 OBER LANE  
City-St-Zip: CHAGRIN FALLS, OH 44023

Title: D ( ) Delete  
Name: BRACY, KAREN  
Address: 11422 178 SE  
City-St-Zip: JAMAICA, NY 11434

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

Title: PD (X) Change ( ) Addition  
Name: BRETT, JIM  
Address: 7320 OBER LANE  
City-St-Zip: CHAGRIM FALLS, OH 44023 US

Title: VD (X) Change ( ) Addition  
Name: FLYNN, MICHAEL  
Address: PO BOX 135742  
City-St-Zip: CLERMONT, FL 34713

Title: SDTD (X) Change ( ) Addition  
Name: KEOUGH, NANCY  
Address: 13505 ARGO DRIVE  
City-St-Zip: DAYTON, MD 21036 US

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: JIM BRETT

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date