## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000423

FILED Apr 16, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

107 N LINE DR.

APOPKA, FL 32703 US

6126 PHEASANT RIDGE DRIVE
FOWLERVILLE, MI 48836 US

Current Mailing Address: New Mailing Address:

107 N. LINE DR. 6126 PHEASANT RIDGE DRIVE APOPKA, FL 32703 US FOWLERVILLE, MI 48836 US

FEI Number: 59-3732542 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SUTHERLAND, THERESA D

SOBER, KYLE

107 N. LINE DR.

216 ORCHID DR

PAYON DOT FIL 22207 LIS

APOPKA, FL 32703 US DAVENPORT, FL 33897 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: KYLE SOBER 04/16/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 FLYNN, MICHAEL
 Name:
 SOBER, KYLE

 Address:
 PO BOX 135742
 Address:
 6126 PHEASANT RIDGE DR.

 City-St-Zip:
 CLERMONT, FL 34713 US
 City-St-Zip:
 FOWLERVILLE, MI 48836 US

Title: VD ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 BRAA, LUKE
 Name:
 BRAA, LUKE

 Address:
 P O BOX 135994
 Address:
 P O BOX 135994

City-St-Zip: CLERMONT, FL 34713 US City-St-Zip: CLERMONT, FL 34713 US

Title: SD ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 SAYORA, NAEEM
 Name:
 MARTIN, STEVE

 Address:
 800 CLIFFS DRIVE, STE 108
 Address:
 6 HERMITAGE STREET

 City-St-Zip:
 YPSILANTI, MI 48198 US
 City-St-Zip:
 WADING RIVER, NY 11792 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE SOBER D 04/16/2008