

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000423

FILED  
Mar 31, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3104 SAND MINE ROAD  
DAVENPORT, FL 33897 US

**New Principal Place of Business:**

**Current Mailing Address:**

3104 SAND MINE ROAD  
DAVENPORT, FL 33897 US

**New Mailing Address:**

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

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

MID-FLORIDA PROPERTY PROFESSIONALS, INC.  
3104 SAND MINE ROAD  
DAVENPORT, FL 33897 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SOBER, KYLE  
Address: 6126 PHEASANT RIDGE DR.  
City-St-Zip: FOWLERVILLE, MI 48836 US

Title: VD ( ) Delete  
Name: BRAA, LUKE  
Address: 14129 OASIS COVE BLVD  
City-St-Zip: WINDERMERE, FL 34786 US

Title: STD ( ) Delete  
Name: SAYORA, NAEEM  
Address: 800 CLIFFS DR, SUITE 108  
City-St-Zip: YPSILANTI, MI 48198 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: SAYORA, NAEEM  
Address: 800 CLIFFS DR, SUIT  
City-St-Zip: YPSILANTI, MI 48198 US

Title: VP (X) Change ( ) Addition  
Name: RAMOS, MICHELLETTE  
Address: 474 CARIBBEAN DRIVE  
City-St-Zip: DAVENPORT, FL 33897 US

Title: STD (X) Change ( ) Addition  
Name: DANIELS, JOESPH  
Address: 352 CARIBBEAN DR  
City-St-Zip: DAVENPORT, FL 33897 US

Title: TR ( ) Change (X) Addition  
Name: SOBER, KYLE  
Address: 6126 PHEASANT RIDGE DR.  
City-St-Zip: FOWLERVILLE, MI 48836

Title: TR ( ) Change (X) Addition  
Name: BRETT, JAMES  
Address: 7320 OBER LANE  
City-St-Zip: CHAGRIN FALLS, OH 44023

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: KATHY JIMERSON

COO

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date