

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007286

FILED  
Apr 28, 2004  
Secretary of State

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

**Current Principal Place of Business:**

3100 SANDMINE RD  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

3100 SANDMINE RD  
DAVENPORT, FL 33897

**New Mailing Address:**

**FEI Number:** 59-3695440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEADOWS, DAVID  
400 SADDLEWORTH PL  
LAKE MARY, FL 32746 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: MEADOWS, DAVID  
Address: 510 DOUGLAS AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD ( ) Delete  
Name: CLARK, LINDA  
Address: 510 DOUGLAS AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID MEADOWS

P

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date