


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90192 040 ****61.25

DOCUMENT # N25466			
1. Entity Name THE ISLAND PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 275 TONEY PENNA DR. SUITE 7 JUPITER, FL 33458 US		Mailing Address 275 TONEY PENNA DR. SUITE 7 JUPITER, FL 33458 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KUNKLE, CRAIG JR. 275 TONEY PENNA DRIVE, #7 JUPITER, FL 33458		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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	D <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN, FINE	NAME	JOHN LBAPTOTT
STREET ADDRESS	69 CAYMAN PLACE	STREET ADDRESS	37 CAYMAN PLACE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	DP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILENSKY, MARVIN	NAME	HARRY SCHOENBERGER
STREET ADDRESS	12 WINDWARD ISLE	STREET ADDRESS	40 WINDWARD ISLE
CITY-ST-ZIP	PALM BEACH GARDENS, FL	CITY-ST-ZIP	PALM BEACH GARDENS
TITLE	VP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, VAL	NAME	ROBERT PRASIER
STREET ADDRESS	43 CAYMAN PLACE	STREET ADDRESS	21 CAYMAN PLACE
CITY-ST-ZIP	PALM BEACH GARDENS, FL	CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHFIELD, CAROL	NAME	
STREET ADDRESS	62 CAYMAN PLACE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, BOBBIE	NAME	
STREET ADDRESS	24 CAYMAN PLACE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASNICK, JULIUS	NAME	
STREET ADDRESS	39 CAYMAN PLACE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	CITY-ST-ZIP	
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: <u>Marvin Wilensky</u>		Date: <u>4-28-04</u> Daytime Phone #: <u>561-575-5792</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>WILENSKY</u>			