

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90696 024 ***61.25

DOCUMENT # N29938

1. Entity Name
ISLAND IN THE GROVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
551 NW 77TH ST. 6421 Congress Ave
SUITE 212 STB 110
BOCA RATON, FL 33487 US

Mailing Address
551 NW 77TH ST. 6421 Congress Ave
SUITE 212 STB 110
BOCA RATON, FL 33487 US



04082004 No Chg-NP CR2E037 (10/03)

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4. FEI Number **65-0102798** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ISLAND IN THE GROVE HOA, INC.
C/O AKAM SOUTH, INC.
551 NW 77TH ST. #212 6421 Congress Ave
BOCA RATON, FL 33487 STB 110

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABEND, RON 7081 MALLORCA CRESCENT BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUTTE, DONALD 7140 MALLORCA CRESCENT BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLDBERGER, MELVIN 7050 ISLEGROVE PLACE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHTER, GERALD 7040 ISLEGROVE PLACE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUKEL, ARTHUR 7071 MALLORCA CRESCENT BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHTER, GERALD 7040 ISLEGROVA PLACE BOCA RATON, FL 33433

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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: **ARTHUR SUKEL TREAS** 4/24/04 561 451 3231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #