


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90051 033 \*\*\*\*61.25

<b>DOCUMENT # N29938</b>					
1. Entity Name ISLAND IN THE GROVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6421 CONGRESS AVE STE 110 BOCA RATON, FL 33487 US		Mailing Address 6421 CONGRESS AVE STE 110 BOCA RATON, FL 33487 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0102798	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ISLAND IN THE GROVE HOA, INC. 6421 CONGRESS AVE SUITE 110 BOCA RATON, FL 33487			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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABEND, RON		NAME	Richter, Perry Gerald	
STREET ADDRESS	7081 MALLORCA CRESCENT		STREET ADDRESS	7040 ISLE GROVE PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, FRED		NAME		
STREET ADDRESS	7051 DUBONNET		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, CHESTER		NAME		
STREET ADDRESS	7191 ISLE GROVE PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTUNATO, JOAN		NAME		
STREET ADDRESS	7011 ISLE GROVE PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUKEL, ARTHUR		NAME		
STREET ADDRESS	7071 MALLORCA CRESCENT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLMAN, ROBERT		NAME		
STREET ADDRESS	7001 ISLE GROVE PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 copies like empowered.					
SIGNATURE: <i>[Signature]</i>			Date: 4-18-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 954-384-7373		