


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90054 019 ****61.25

DOCUMENT # N29938
 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 #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40072783



03262008 Chg-NP CR2E037 (12/06)

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.
 6421 CONGRESS AVE
 SUITE 110
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
 Name **Robert Kaye & Associates, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
4001 NW 4th Way
Suite 103
 City **Ft. Lauderdale** FL Zip Code **33309**

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: *Robert Kaye President* DATE: **4-15-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABEND, RON	
STREET ADDRESS	7081 MALLORCA CRESCENT	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, FRED	
STREET ADDRESS	7051 DUBONNET	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	KAY, CHESTER	
STREET ADDRESS	7191 ISLE GROVE PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FORTUNATO, JOAN	
STREET ADDRESS	7011 ISLE GROVE PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SUKEL, ARTHUR	
STREET ADDRESS	7071 MALLORCA CRESCENT	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLMAN, ROBERT	
STREET ADDRESS	7001 ISLE GROVE PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richter, Gerald	
STREET ADDRESS	7040 ISLE GROVE PLACE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 of 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: *Ronald M. Abend, Pres.* DATE: **4-7-08** DAYTIME PHONE #: **561-218-8758**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald M. Abend, Pres