
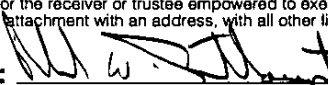


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90059 023 \*\*\*\*61.25

<b>DOCUMENT # N98000002478</b> 1. Entity Name <b>ISLAND WALK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6155 TOWNCENTER CIR. STE. 101 NAPLES, FL 34119</b>			Mailing Address <b>C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DR., #206 NAPLES, FL 34103</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0835277</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DR. #206 NAPLES, FL 34103</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>HOZEL, AL</del>		NAME	<b>KOZEL</b>	
STREET ADDRESS	5308 HAWKESBURY WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZIPMAN, BILLIE JEAN		NAME	<b>ZVP VINCENT T. SULLIVAN</b>	
STREET ADDRESS	3908 VALENTIA WAY		STREET ADDRESS	<b>3714 WHOBEEY WAY</b>	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	<b>NAPLES, FL 34119</b>	
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMENICK, TONY		NAME		
STREET ADDRESS	299 HAWKESBURY WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTIZ, MARIO		NAME		
STREET ADDRESS	4699 NAVASSA LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARNEY, ROGER		NAME		
STREET ADDRESS	5320 GUADELOUPE WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREITHAUPT, DICK		NAME	<b>S</b>	
STREET ADDRESS	2772 ISLAND POND LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		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.					
<b>SIGNATURE:</b> 			Date <b>4-5-05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>239 261-3440</b>		