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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26969** **(8)**

1. Corporation Name

ISLAND GROVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
150 ISLAND GROVE DR MERRITT ISLAND FL 32952 US	150 ISLAND GROVE DR MERRITT ISLAND FL 32952-6226 US

3. Date Incorporated or Qualified: 06/15/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21): 141 Island Grove Dr.
Suite, Apt. #, etc. (22):
City & State (23): Merritt Island, FL
Zip (24): 32952 Country (25): US

2a. Mailing Address (26): 141 Island Grove Dr
Suite, Apt. #, etc. (27):
City & State (28): Merritt Island FL
Zip (29): 32952 Country (30): US

4. FEI Number: 59-2938129 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUTLEDGE, RUBY
150 ISLAND GROVE DR
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name: Mary Gutierrez
82 Street Address (P.O. Box Number is Not Acceptable): 141 Island Grove Drive
83:
84 City: Merritt Island FL 85 Zip Code: 32952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] Sec Treasurer — 15 March 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	President	☑ Change ☑ Addition
NAME	GUTIERREZ, PAUL		1.2 NAME	Mark Rahner	
STREET ADDRESS	141 ISLAND GROVE DR		1.3 STREET ADDRESS	161 Island Grove Drive	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	V	☑ DELETE	2.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	BRINKLEY, JOHN		2.2 NAME	Doug Gibson	
STREET ADDRESS	161 ISALND GROVE DR		2.3 STREET ADDRESS	161 Island Grove Drive	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	D	☑ DELETE	3.1 TITLE	Board Member → (T)	☑ Change ☐ Addition
NAME	ATKINS, DON		3.2 NAME	Holly Hicks	
STREET ADDRESS	140 ISL GROVE DR		3.3 STREET ADDRESS	130 Island Grove Dr.	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	Merritt Island FL 32950	
TITLE	D	☑ DELETE	4.1 TITLE	Board Member → (T)	☑ Change ☐ Addition
NAME	HOUSE, ROBERT		4.2 NAME	Frankie Posey	
STREET ADDRESS	151 ISLAND GROVE DRIVE		4.3 STREET ADDRESS	120 Island Grove Dr.	
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	ST	☑ DELETE	5.1 TITLE	Secretary/Treasurer	☑ Change ☐ Addition
NAME	RUTLEDGE, RUBY		5.2 NAME	Mary Gutierrez	
STREET ADDRESS	150 ISLAND GROVE DR		5.3 STREET ADDRESS	141 Island Grove Dr.	
CITY-ST-ZIP	MERRITT ISLAND FL		5.4 CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		☐ DELETE	6.1 TITLE	Board Member → (T)	☑ Change ☐ Addition
NAME			6.2 NAME	Gutierrez, Paul	
STREET ADDRESS			6.3 STREET ADDRESS	141 Island Grove Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Merritt Island FL 32952	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE REQUIRED — 15MAR97 — 407 453-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0020088