

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26969** (8)
1. Corporation Name
ISLAND GROVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 141 ISLAND GROVE DR. MERRITT ISLAND FL 32952 US	Mailing Address 141 ISLAND GROVE DR. MERRITT ISLAND FL 32952 US
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2. Principal Place of Business 21 110 Island Grove Dr. Suite, Apt. #, etc. 22 M City & State 23 Merritt Island FL Zip 24 32952 Country 25 US	2a. Mailing Address 26 110 Island Grove Dr. Suite, Apt. #, etc. 27 M City & State 28 Merritt Island, FL Zip 29 32952 Country 30 US
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3. Date Incorporated or Qualified 06/15/1988	4. FEI Number 59-2938129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

8. Name and Address of Current Registered Agent GUTIERREZ, MARY 141 ISLAND DRIVE MERRITT ISLAND FL 32952	10. Name and Address of New Registered Agent 81 Name Laura Williamson 82 Street Address (P.O. Box Number is Not Acceptable) 110 Island Grove Dr. 83 84 City Merritt Island FL 85 Zip Code 32952
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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 *Laura Williamson* Sec/Treas. DATE **4/26/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAHNER, MARK	1.2 NAME	PAXTON, CONNIE
STREET ADDRESS	151 ISLAND GROVE DRIVE	1.3 STREET ADDRESS	171 ISLAND GROVE DR
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, DOUG	2.2 NAME	GIBSON, DOUG
STREET ADDRESS	161 ISLAND GROVE DRIVE	2.3 STREET ADDRESS	161 ISLAND GROVE DR
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, HOLLY	3.2 NAME	PAXTON, BOB
STREET ADDRESS	130 ISLAND GROVE DR.	3.3 STREET ADDRESS	171 ISLAND GROVE DR
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEY, FRANKIE	4.2 NAME	
STREET ADDRESS	120 ISLAND GROVE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTIERREZ, MARY	5.2 NAME	LAURA WILLIAMSON
STREET ADDRESS	141 ISLAND GROVE DR.	5.3 STREET ADDRESS	110 ISLAND GROVE DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, PAUL	6.2 NAME	
STREET ADDRESS	141 ISLAND GROVE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	6.4 CITY-ST-ZIP	

14. 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 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: *Laura Williamson* **Laura J. Williamson** 4/26 4074524134

CR2E037 (10/97)