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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26969

1. Corporation Name

ISLAND GROVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

110 ISLAND GROVE DR
 MERRITT ISLAND FL 32952
 US

Mailing Address

110 ISLAND GROVE RD
 MERRITT ISLAND FL 32952
 US



2. Principal Place of Business

21 **161 Island Grove Dr**

2a. Mailing Address

26 **161 Island Grove Dr.**

3. Date Incorporated or Qualified

06/15/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2938129

Applied For

Not Applicable

City & State

23 **Merritt Island, FL**

City & State

28 **Merritt Island, FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

24 **32952** 25 **US**

Zip

29 **32952** 30 **US**

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMSON, LAURA
110 ISLAND GROVE DR
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

Gibson, Dudley

82 Street Address (P.O. Box Number is Not Acceptable)

161 Island Grove Dr.

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

Dug Gibson ST

4/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **VP**
 NAME **PAXTON, CONNIE**
 STREET ADDRESS **171 ISLAND GROVE DR**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **P**
 NAME **GIBSON, DOUG**
 STREET ADDRESS **161 ISLAND GROVE DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **T**
 NAME **PAXTON, BOB**
 STREET ADDRESS **171 ISLAND GROVE DR**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **T**
 NAME **ROSEY, FRANKIE**
 STREET ADDRESS **120 ISLAND GROVE DR.**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **ST**
 NAME **WILLIAMSON, LAURA**
 STREET ADDRESS **110 ISLAND GROVE DR**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE **ST** ☒ Change ☐ Addition
 2.2 NAME **Gibson, Dudley**
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **VP** ☐ Change ☒ Addition
 3.2 NAME **Johns, Mo**
 3.3 STREET ADDRESS **121 Island Grove Drive**
 3.4 CITY-ST-ZIP **Merritt Island, FL 32952**

4.1 TITLE **T** ☐ Change ☒ Addition
 4.2 NAME **Hicks, Wesley**
 4.3 STREET ADDRESS **130 Island Grove Drive**
 4.4 CITY-ST-ZIP **Merritt Island, FL 32952**

5.1 TITLE **T** ☐ Change ☒ Addition
 5.2 NAME **Johns, June**
 5.3 STREET ADDRESS **121 Island Grove Drive**
 5.4 CITY-ST-ZIP **Merritt Island, FL 32952**

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

DUG GIBSON ST

Date

4/12/99

Daytime Phone #

407 784-7438

CR2E037 (11/98)