

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00334

FILED
Nov 05, 2006
Secretary of State

Entity Name: ISLAND WAY ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 4142
TEQUESTA, FL 38469 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 4142
TEQUESTA, FL 33469 US

New Mailing Address:

FEI Number: 59-2670276 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEMOINE, CATHY
9388 S E ISLAND PLACE
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CATHY LEMOINE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLEISLEY, BRIAN
Address: 9348 SE ISLAND PLACE
City-St-Zip: TEQUESTA, FL 33469

Title: DV () Delete
Name: LEMOINE, CATHY
Address: 9388 SE ISLAND PLACE
City-St-Zip: TEQUESTA, FL 33469

Title: STD () Delete
Name: BLANKENSHIP, TOM
Address: 9328 SE ISLAND PLACE
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY LEMOINE

Electronic Signature of Signing Officer or Director

DV

11/05/2006

Date