


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90072 031 \*\*\*\*61.25

<b>DOCUMENT # N26969</b>	
1. Entity Name <b>ISLAND GROVE HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>141 ISLAND GROVE DR. MERRITT ISLAND, FL 32952 US</b>	Mailing Address <b>141 ISLAND GROVE DR. MERRITT ISLAND, FL 32952 US</b>
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DO NOT WRITE IN THIS SPACE



03282007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2938129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BROWN, NANCEE 141 ISLAND GROVE DR. MERRITT ISLAND, FL 32952</b>
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DO NOT WRITE  
IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, NANCY 141 ISLAND GROVE DR. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOLENTE, AL 161 ISLAND GROVE DR. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAHNER, MARK 151 ISLAND GROVE DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

To Whom it may concern:  
Can you please  
correct the spelling  
for Nancee Brown  
to reflect Nancee  
not Nancy.  
  
Thank you,  
Nancee Brown

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions cor Chapter 119, 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: Nancee L. Brown - Secretary/Treasurer</b>	<b>3/28/07</b>	<b>321-298-6233</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>