

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718120

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**8327082996CC**

**Entity Name:** NETTLES ISLAND, INC.

**Current Principal Place of Business:**

9801 SOUTH OCEAN DR.  
JENSEN BCH, FL 34957

**Current Mailing Address:**

9801 SOUTH OCEAN DR.  
JENSEN BCH, FL 34957

**FEI Number:** 59-1407317

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
C/O JANE CORNETT, ESQ.  
759 SW FEDERAL HWY. SUITE 213  
STUART, FL 34994 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BELLAVANCE, JUDY  
Address        9801 SOUTH OCEAN DR.  
City-State-Zip: JENSEN BCH FL 34957

Title            VP  
Name            FITZGERALD, THOMAS J.  
Address        9801 SOUTH OCEAN DR.  
City-State-Zip: JENSEN BCH FL 34957

Title            TREASURER  
Name            PETERSON, BEVERLY  
Address        9801 SOUTH OCEAN DR.  
City-State-Zip: JENSEN BCH FL 34957

Title            SECRETARY  
Name            KICKERT, HOWARD  
Address        9801 SOUTH OCEAN DR.  
City-State-Zip: JENSEN BCH FL 34957

Title            DIRECTOR  
Name            NICHOLAS, GEORGE  
Address        9801 SOUTH OCEAN DR.  
City-State-Zip: JENSEN BCH FL 34957

Title            DIRECTOR  
Name            DEGLOPPER, SCOTT  
Address        9801 SOUTH OCEAN DR.  
City-State-Zip: JENSEN BCH FL 34957

Title            DIRECTOR  
Name            GONZALEZ, MABEL  
Address        9801 SOUTH OCEAN DR.  
City-State-Zip: JENSEN BCH FL 34957

Title            DIRECTOR  
Name            MC QUINN, RICHARD  
Address        9801 SOUTH OCEAN DR.  
City-State-Zip: JENSEN BCH FL 34957

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JUDY BELLAVANCE

**PRESIDENT**

**04/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name JACKSON, CHARLES J.  
Address 9801 SOUTH OCEAN DR.  
City-State-Zip: JENSEN BCH FL 34957