2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745774

Entity Name: ISLAND CLUB AT ROSEMONT CONDOMINIUM ASSOCIATION,

INC.

Apr 27, 2017 Secretary of State

FILED

CC0006953723

Current Principal Place of Business:

C/O VISTA COMMUNITY ASSOCIATION MANAGEMENT 225 S. WESTMONTE DR. STE #3310 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

C/O VISTA COMMUNITY ASSOCIATION MANAGEMENT PO BOX 162147 ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-1891175 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 225 S WESTMONTE DR., SUITE #3310 ALTAMONTE SPRINGS, FL 32714 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: TINA YAMADA 04/27/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

PRESIDENT VΡ Title Title

Name VENIS, TODD Name EPSTEIN, ALLEN Address PO BOX 162147 Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 ALTAMONTE SPRINGS FL 32716 City-State-Zip:

Title **TREASURER** Title **SECRETARY** Name MOORE, LISA KIBLER, JAN Name PO BOX 162147 Address PO BOX 162147 Address

City-State-Zip: ALTAMONTE SPRINGS FL 32716 ALTAMONTE SPRINGS FL 32716 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name ROBERTS, GERALD F. MEHAFFEY, WILLIAM Name

Address PO BOX 162147 Address C/O VISTA COMMUNITY

ASSOCIATION MANAGEMENT City-State-Zip: ALTAMONTE SPRINGS FL 32716 PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 Title DIRECTOR

Name LONARDELLI, LORRAINE Title DIRECTOR

Address P.O. BOX 162147 WILLIAMS, KAREN Name

City-State-Zip: ALTAMONTE SPRINGS FL 32716 Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 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: TODD VENIS **PRESIDENT** 04/27/2017

Officer/Director Detail Continued:

Title DIRECTOR
Name DARDIS, JASON

Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716