

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 745774

**FILED
Nov 30, 2016
Secretary of State
CC4887289890**

Entity Name: ISLAND CLUB AT ROSEMONT CONDOMINIUM ASSOCIATION, INC.

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

11/30/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VENIS, TODD
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VP
Name EPSTEIN, ALLEN
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title SECRETARY
Name KIBLER, JAN
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title TREASURER
Name MOORE, LISA
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR
Name MEHAFFEY, BILL
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR
Name ROBERTS, GERALD F.
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR
Name WILLIAMS, KAREN
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR
Name LONARDELLI, LORRAINE
Address P.O. BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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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

11/30/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DARDIS, JASON
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716