

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755566

Entity Name: ISLAND LAKE NORTH HOME OWNERS' ASSOCIATION, INC.**FILED**
Feb 23, 2018
Secretary of State
CC6616529090**Current Principal Place of Business:**C/O FIRSTSERVICE RESIDENTIAL
12794 FOREST HILL BLVD SUITE 31
WELLINGTON, FL 33414**Current Mailing Address:**C/O FIRSTSERVICE RESIDENTIAL
12794 FOREST HILL BLVD SUITE 31
WELLINGTON, FL 33414 US**FEI Number:** 59-2073069**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KONYK, CHELLE ESQ.
PHILLIPS POINT
777 FLAGLER DRVIE STE. 800, WEST TOWER
WEST PALM BEACH, FL 33401 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:** CHELLE KONYK**02/23/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	NEVES, ANDREA
Address	11818 RENE LA COSTE PLACE
City-State-Zip:	WELLINGTON FL 33414

Title	SECRETARY
Name	CAREY, MARILYN
Address	11858 RENE LA COSTE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	FREE, MARY ANN
Address	11902 TILDEN PLACE
City-State-Zip:	WELLINGTON FL 33414

Title	TREASURER
Name	ORTHWEIN, GINNY
Address	11874 TILDEN PL
City-State-Zip:	WELLINGTON FL 33414

Title	VP
Name	LEBOUITZ, MISHA
Address	11814 RENE LACOSTE PLACE
City-State-Zip:	WELLINGTON FL 33414

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: ANDREA NEVES**PRESIDENT****02/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date