

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000423

Entity Name: ISLAND CLUB WEST HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O BLUE WATER COMMUNITY MANAGEMENT
4735 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Current Mailing Address:

C/O BLUE WATER COMMUNITY MANAGEMENT
4735 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769 US

FEI Number: 59-3732542

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, DONNIE
4735 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769 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: DONNIE MARTINEZ

01/26/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MCDERMOTT, JIM
Address 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title VP
Name BURKE, EDWARD
Address 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title SEC
Name RAMOS, MARISOL
Address 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title TRE
Name AUSTIN, ADAM
Address 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title D
Name MINTZ, LINDA
Address 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

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: JIM MCDERMOTT

PRESIDENT

01/26/2015

Electronic Signature of Signing Officer/Director Detail

Date