

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00000000423

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

**FILED**  
**Jul 28, 2016**  
**Secretary of State**  
**CC6066229410**

**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**

**07/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title DIRECTOR  
Name MEJIA, JAHIRA  
Address C/O BLUE WATER COMMUNITY  
MANAGEMENT  
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: ADAM AUSTIN**

**PRESIDENT**

**07/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date