#### 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0000000423

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

# **Current Principal Place of Business:**

C/O BLUE WATER COMMUNITY MANAGEMENT 2021 13TH STREET SAINT CLOUD, FL 34769

# **Current Mailing Address:**

C/O BLUE WATER COMMUNITY MANAGEMENT 2021 13TH STREET SAINT CLOUD, FL 34769 US

### FEI Number: 59-3732542

# Name and Address of Current Registered Agent:

MARTINEZ, DONNIE 2021 13TH STREET 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.

The above hamed		registered onice of registered agent, of both, in the State of Florida.			
SIGNATURE	: DONNIE MARTINEZ			09/11/2014	
	Electronic Signature of Registered Agent			Date	
Officer/Direc	icer/Director Detail :				
Title	PD	Title	VP		
Name	MCDERMOTT, JIM	Name	BURKE, EDWARD		
Address	2021 13TH STREET	Address	2021 13TH STREET		
City-State-Zip:	SAINT CLOUD FL 34769	City-State-Zip:	SAINT CLOUD FL 34769		
Title	SEC	Title	TRE		
Name	RAMOS, MARISOL	Name	DORZINSKY, JOE		
Address	2021 13TH STREET	Address	2021 13TH STREET		
City-State-Zip:	SAINT CLOUD FL 34769	City-State-Zip:	SAINT CLOUD FL 34769		
Title	D				
Name	AUSTIN, ADAM				
Address	2021 13TH STREET				
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.

PRESIDENT

#### SIGNATURE: JIM MCDERMOTT

Electronic Signature of Signing Officer/Director Detail

# FILED Sep 11, 2014 Secretary of State CC6326541945

Certificate of Status Desired: No

09/11/2014 Date

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