SIGNATURE	CATHRYN MEAD		C	03/15/2013
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	PRESIDENT	Title	SECRETARY, TREASURER	
Name	MOEINIAN, BIJAN	Name	CAMARGO, GLORIA	
Address	10650 WATERTOWN COURT	Address	1110 WASHINGTON PALM LOOP	
City-State-Zip:	ORLANDO FL 32821	City-State-Zip:	DAVENPORT FL 33897	
Title	VP	Title	DIRECTOR	
Name	BROWN, ERROL	Name	MEADOWS, DAVID	
Address	2312 CAMERON ST	Address	400 SADDLEWORTH PLACE	
City-State-Zip:	SASKATCHEWAN S4T 2W1	City-State-Zip:	LAKE MARY FL 32746	

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

MEAD, CATHRYN 633 COCONUT PALM WAY DAVENPORT, FL 33897 US

Current Principal Place of Business:

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

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

319 AUSTRALIAN WAY DAVENPORT, FL 33897

REPORT

Current Mailing Address:

DOCUMENT# N0000007286

P. O. BOX 136763 CLERMONT, FL 34713 US

FEI Number: 59-3695440

Name and Address of Current Registered Agent:

above, or on an attachment with all other like empowered. SIGNATURE: BIJAN MOEINIAN

PRESIDENT

03/15/2013

Electronic Signature of Signing Officer/Director Detail

FILED Mar 15, 2013 Secretary of State CC2031865097

Certificate of Status Desired: No

Date