

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006628

Entity Name: ISLAMORADA COMMUNITY ENTERTAINMENT, INC.**Current Principal Place of Business:**111 INDIAN MOUND TRAIL
ISLAMORADA, FL 33070**Current Mailing Address:**111 INDIAN MOUND TRAIL
ISLAMORADA, FL 33070 US**FEI Number: 59-3814758****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FEDER, DAVE
111 INDIAN MOUND TRAIL
ISLAMORADA, FL 33070 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title P
Name FEDER, DAVE
Address PO BOX 1576
City-State-Zip: TAVERNIER FL 33070Title SECRETARY
Name MCGLASSON, LINDSAY
Address P.O. BOX 1576
City-State-Zip: TAVERNIER FL 33070Title TREASURER
Name RICHARDSON, ABBY
Address 128 GULFSIDE DR
City-State-Zip: ISLAMORADA FL 33036Title D
Name RACOV, CATHY
Address P.O. BOX 1576
City-State-Zip: TAVERNIER FL 33070Title D
Name ZLOCKE, STEPHANIE
Address PO BOX 1576
City-State-Zip: TAVERNIER FL 33070Title VP
Name COCKRELL, SCOTT
Address 247 BAY DRIVE
City-State-Zip: KEY LARGO FL 33037

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: DAVE FEDER**PRESIDENT****01/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date