

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009490

Entity Name: ISLAND CLUB OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**110 N. ORLANDO AVE. STE 14
MAITLAND, FL 32751**Current Mailing Address:**110 N. ORLANDO AVE. STE 14
MAITLAND, FL 32751 US**FEI Number:** 20-5560218**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VINCE, MARILYN
110 N. ORLANDO AVE. STE 14
MAITLAND, FL 32751 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:** MARILYN VINCE

04/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name PADGET, JEFF
Address 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name WILSON, LEONARD
Address 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

Title DP
Name MISKIV, MICHAEL
Address 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name RUBERTI, BRUCE
Address 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

Title SECRETARY
Name VOSBURGH, NANCY
Address 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

Title MANAGER, TREASURER
Name VINCE, MARILYN
Address 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

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: MARILYN VINCE

MANAGER

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date