

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001441

**Entity Name:** ISLAND PERFORMING ARTS SPACE, INC.

**Current Principal Place of Business:**

87395 OLD STATE ROAD  
ISLAMORADA, FL 33036

**Current Mailing Address:**

87395 OLD STATE ROAD  
ISLAMORADA, FL 33036 US

**FEI Number:** 27-1883239

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, SARAH W  
87395 OLD ASTATE ROAD  
ISLAMORADA, FL 33036 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:** SARAH SMITH

03/14/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name SMITH, SARAH WISE  
Address 87395 OLD STATE ROAD  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR  
Name SMITH, KRISTINA  
Address 145 MADEIRA RD.  
City-State-Zip: ISLAMORADA FL 33036

Title TREASURER  
Name HANSEN, PATRICK  
Address 87395 OLD STATE ROAD  
City-State-Zip: ISLAMORADA FL 33036

Title EXECUTIVE SECRETARY  
Name EVEREST, JULIE  
Address 87395 OLD STATE ROAD  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR  
Name CARIDDI, DAVID  
Address 87395 OLD STATE ROAD  
City-State-Zip: ISLAMORADA FL 33036

*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:** SARAH WISE SMITH

CEO

03/14/2017

Electronic Signature of Signing Officer/Director Detail

Date