101 ISLAND GI MERRITT ISLA	-			
Current Mai	ling Address:			
	GROVE DR. SLAND, FL 32952 US			
FEI Number: 59-2938129		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
LASTRAP, JOHNNIE 101 ISLAND GROVE DR. MERRITT ISLAND, FL 32952 US				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE: JOHNNIE LASTRAP				
SIGNATURE	E JOHNNIE LASTRAP			02/03/2021
SIGNATURE	Electronic Signature of Registered Agent			02/03/2021 Date
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	Ρ	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	P RAHNER, MARK	
Officer/Dire Title	Electronic Signature of Registered Agent ctor Detail : T			
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : T LASTRAP, JOHNNIE	Name	RAHNER, MARK 151 ISLAND GROVE DR.	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : T LASTRAP, JOHNNIE 101 ISLAND GROVE DR.	Name Address	RAHNER, MARK 151 ISLAND GROVE DR.	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : T LASTRAP, JOHNNIE 101 ISLAND GROVE DR. MERRITT ISLAND FL 32952	Name Address	RAHNER, MARK 151 ISLAND GROVE DR.	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : T LASTRAP, JOHNNIE 101 ISLAND GROVE DR. MERRITT ISLAND FL 32952 VP	Name Address	RAHNER, MARK 151 ISLAND GROVE DR.	

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ISLAND GROVE HOMEOWNERS' ASSOCIATION, INC.

DOCUMENT# N26969

Current Principal Place of Business:

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.

VP

SIGNATURE: JOHNNIE LASTRAP

Electronic Signature of Signing Officer/Director Detail

Date

02/03/2021

FILED Feb 03, 2021 Secretary of State 7331831189CC