I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec		
above, or on an attachment with all other like empowered.		
SIGNATURE: DENISE ASHLEMAN	TREASURER	02/11/2019

SIGNATURE: DENISE ASHLEMAN

L

Electronic Signature of Signing Officer/Director Detail

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.

## Officer/Director Detail ·

SIGNATURE:

Officer/Dire	ctor Detail :		
Title	PD	Title	SD
Name	KOLKA, RICHARD	Name	MAUS, DANIEL
Address	629 NE 19TH AVE.	Address	639 NE 19TH AVENUE
City-State-Zip:	DEERFIELD BEACH FL 33441	City-State-Zip:	DEERFIELD BEACH FL 33441
Title	TD		
Name	ASHLEMAN, DENISE		
Address	633 NE 19TH AVE.		
City-State-Zip:	DEERFIELD BEACH FL 33441		

### Name and Address of Current Registered Agent:

ASHLEMAN, DENISE 633 NE 19TH AVENUE DEERFIELD BEACH, FL 33441 US

**Current Principal Place of Business:** 633 NE 19TH AVENUE DEERFIELD BEACH. FL 33441

DOCUMENT# N29240

Electronic Signature of Registered Agent

633 NE 19TH AVENUE

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ISLAND VIEW HOMEOWNER'S ASSOCIATION, INC.

**Current Mailing Address:** 

DEERFIELD BEACH. FL 33441

# FEI Number: 65-0232146

# Certificate of Status Desired: No

FILED Feb 11, 2019 Secretary of State 8351963398CC

02/11/2019

Date

Date