I hereby certify that the information indicated on this report or supplemental report is true and accura oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect		
above, or on an attachment with all other like empowered.		
SIGNATURE: DENISE ASHI EMAN	TREASURER	02/06/2018

SIGNATURE: DENISE ASHLEMAN

633 NE 19TH AVE.

DEERFIELD BEACH FL 33441

Electronic Signature of Signing Officer/Director Detail

Tit Na Ad 441 Ci Title TD ASHLEMAN, DENISE Name

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.

O

Address

L

City-State-Zip:

SIGNATURE	≣:			
	Electronic Signature of Registered Agent			
Officer/Director 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 33	
T :0 -	TD			

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

Current Mailing Address:

633 NE 19TH AVENUE DEERFIELD BEACH. FL 33441

FEI Number: 65-0232146

Name and Address of Current Registered Agent:

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

FILED Feb 06, 2018 Secretary of State CC4439480404

Certificate of Status Desired: No

Date

Date

TREASURER