

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001938

Entity Name: THE ISLAND CLUB OF VERO BEACH HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 19, 2024
Secretary of State
3307771872CC

Current Principal Place of Business:

C/O KEYSTONE PROPERTY MANAGEMENT
780 US HWY 1 SUITE 300
VERO BEACH, FL 32962

Current Mailing Address:

C/O KEYSTONE PROPERTY MANAGEMENT
780 US HWY 1 SUITE 300
VERO BEACH, FL 32962 US

FEI Number: 65-0699294

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, DEBORAH L
C/O ROSS EARLE BONAN & ENSOR
789 SW FEDERAL HWY SUITE 101
STUART, FL 34994 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: DEBORAH L. ROSS

01/19/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SARASEK, PETER
Address 780 US HWY 1 SUITE 300
City-State-Zip: VERO BEACH FL 32962

Title PRESIDENT
Name THOMPSON, KEITH
Address C/O KEYSTONE PROPERTY MANAGEMENT 780 US HWY 1 300
City-State-Zip: VERO BEACH FL 32962

Title TREASURER
Name LYNCH, RICHARD
Address C/O KEYSTONE PROPERTY MANAGEMENT 780 US HWY 1 SUITE 300
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR
Name GEERDES, GREGG
Address C/O KEYSTONE PROPERTY MANAGEMENT 780 US HWY 1 SUITE 300
City-State-Zip: VERO BEACH FL 32962

Title SECRETARY
Name LEGORE, GAYLE
Address C/O KEYSTONE PROPERTY MANAGEMENT 780 US HWY 1 SUITE 300
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR
Name GAVIN, FRANCIS
Address C/O KEYSTONE PROPERTY MANAGEMENT 780 US HWY 1 SUITE 300
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR
Name HACKETT, JANE
Address C/O KEYSTONE PROPERTY MANAGEMENT 780 US HWY 1 SUITE 300
City-State-Zip: VERO BEACH FL 32962

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: KEITH THOMPSON

PRESIDENT

01/19/2024

