

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N98000002478

Entity Name: ISLAND WALK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6155 TOWNCENTER CIR.
STE. 101
NAPLES, FL 34119

Current Mailing Address:

C/O KW PROPERTY MANAGEMENT & CONSULTING
8200 NW 33RD STREET SUITE 300
MIAMI, FL 33122 US

FEI Number: 65-0835277

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KW PROPERTY MANAGEMENT AND CONSULTING
8200 NW 33RD STREET
STE 300
MIAMI, FL 33122 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: DAVID GIVNEY

10/04/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ZIPMAN, BILLIE JEAN
Address 6155 TOWNCENTER CIRCLE #101
City-State-Zip: NAPLES FL 34119

Title 1VP
Name CAMPANILE, TONY
Address 6155 TOWNCENTER CIRCLE #101
City-State-Zip: NAPLES FL 34119

Title 2VP
Name ORLICH, MIKE
Address 6155 TOWNCENTER CIRCLE #101
City-State-Zip: NAPLES FL 34119

Title T
Name EBAUGH, JAMES
Address 6155 TOWNCENTER CIRCLE #101
City-State-Zip: NAPLES FL 34119

Title S
Name KIRBY, BETH
Address 6155 TOWNCENTER CIRCLE #101
City-State-Zip: NAPLES FL 34119

Title D
Name THOM, ERIC
Address 6155 TOWNCENTER CIRCLE #101
City-State-Zip: NAPLES FL 34119

Title D
Name HARNETT, JOE
Address 6155 TOWNCENTER CIRCLE #101
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name SILBERG, GAY
Address 6155 TOWNCENTER CIRCLE #101
City-State-Zip: NAPLES FL 34104

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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: BILLIE JEAN ZIPMAN

PRESIDENT

10/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MALTZ, BARBARA
Address	6155 TOWNCENTER CIRCLE #101
City-State-Zip:	NAPLES FL