

**2018 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes**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

03/23/2018

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 HARNETT, JOSEPH  
Address 6155 TOWNCENTER CIRCLE #101  
City-State-Zip: NAPLES FL 34119

Title 2VP  
Name SILBERG, GAY  
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 POWELL, DIANNE  
Address 6155 TOWNCENTER CIRCLE #101  
City-State-Zip: NAPLES FL 34119

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

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

Title DIRECTOR  
Name CAMPANILE, ANTHONY  
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

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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