2018 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 6155 TOWNCENTER CIRCLE SUITE 101 NAPLES, FL 34119 US

FEI Number: 65-0835277

Name and Address of Current Registered Agent:

GOEDE ADAMCZYK DEBOEST & CROSS 6609 WILLOWPARK DRIVE 201 NAPLES, FL 34109 US Certificate of Status Desired: Yes

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.

The above named	d entity submits this statement for the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florid	la.
SIGNATURE	E: BILLIE JEAN ZIPMAN			07/16/2018
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	Ρ	Title	1VP	
Name	ZIPMAN, BILLIE JEAN	Name	HARNETT, JOSEPH	
Address	6155 TOWNCENTER CIRCLE #101	Address	6155 TOWNCENTER CIRCLE #1	01
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119	
Title	2VP	Title	т	
Name	SILBERG, GAY	Name	EBAUGH, JAMES	
Address	6155 TOWNCENTER CIRCLE #101	Address	6155 TOWNCENTER CIRCLE #1	01
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119	
Title	S	Title	D	
Name	POWELL, DIANNE	Name	MALTZ, BARBARA	
Address	6155 TOWNCENTER CIRCLE #101	Address	6155 TOWNCENTER CIRCLE #1	01
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119	
Title	D	Title	DIRECTOR	
Name	SCHMIDT, SUE	Name	CAMPANILE, ANTHONY	
Address	6155 TOWNCENTER CIRCLE #101	Address	6155 TOWNCENTER CIRCLE #1	01
City-State-Zip:	NAPLES FL 34119	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 07/16,						6/2	20	18	3																						
				<u>.</u>						(-																							_				

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