

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M83487

**Entity Name:** ISLAND DREAMS NORTH, INC.

**Current Principal Place of Business:**

13 S GULF BLVD  
GROVE CITY, FL 34224

**Current Mailing Address:**

P.O. BOX 5145  
GROVE CITY, FL 34224

**FEI Number:** 65-0046534

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOYER, JOHN R  
13 S GULF BLVD  
GROVE CITY, FL 34224 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	S
Name	BOYER, JOHN R	Name	BOYER, DIANE K
Address	P.O. BOX 5145	Address	P.O. BOX 5145
City-State-Zip:	GROVE CITY FL 34224	City-State-Zip:	GROVE CITY FL 34224

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BOYER, JOHN R

P

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date