

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000078746

**Entity Name:** ST. BRENDAN'S ISLE, INC.

**Current Principal Place of Business:**

411 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

411 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043

**FEI Number:** 59-3665426

**Certificate of Status Desired:** No

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

LOEHR, SCOTT T  
411 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043 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 VPD  
Name MOODY, LINDA K  
Address 1070 OCEAN BLVD  
City-State-Zip: ATLANTIC BEACH FL 32233

Title VPD  
Name MOODY, DOUGLAS W  
Address 1070 OCEAN BLVD  
City-State-Zip: ATLANTIC BEACH FL 32233

Title PD  
Name LOEHR, SCOTT T  
Address 1584 SANDY SPRINGS DR  
City-State-Zip: FLEMING ISLAND FL 32003

Title VPD  
Name LOEHR, KATHERINE L  
Address 1584 SANDY SPRINGS DR  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** SCOTT T LOEHR

**PRESIDENT**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date