

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711234

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: ISLAND HOUSE ASSOCIATION INC.

**Current Principal Place of Business:**

6150 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

6150 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Mailing Address:**

FEI Number: 59-1160141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POCIASK, JIM  
6150 MIDNIGHT PASS RD  
SARASOTA, FL 34242 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBERTS, LAUREL  
Address: 105 137TH ST. NE  
City-St-Zip: BRADENTON, FL 34202

Title: VP ( ) Delete  
Name: VOLLENWEIDER, BILL,  
Address: 26621 EAST RIVER RD  
City-St-Zip: GROSSE ILE, MI 48138

Title: D ( ) Delete  
Name: STIFFLER, AL  
Address: 250 STIFFLER LN  
City-St-Zip: CLYMER, PA 15728

Title: PD ( ) Delete  
Name: LEFEVRE, WILLIAM D  
Address: 4863 EVANS CT.  
City-St-Zip: TRENTON, MI

Title: D ( ) Delete  
Name: MATHEWS, JAMES  
Address: 21120 E. RIVER RD  
City-St-Zip: GROSSE ILE, MI 48138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BILL LEFEVRE

PRES

01/22/2008

Electronic Signature of Signing Officer or Director

Date