2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 10, 2008
Secretary of State

DOCUMENT# 718120

Entity Name: NETTLES ISLAND, INC.

Current Principal Place of Business:

9801 SOUTH OCEAN DR.
JENSEN BCH, FL 34957

New Principal Place of Business:

Current Mailing Address:

9801 SOUTH OCEAN DR.
JENSEN BCH, FL 34957

New Mailing Address:

FEI Number: 59-1407317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARVEY, MARY R ESQ
C/O SACHS SAX CAPLAN
1850 SW FOUNTAINVIEW BLVD
PORT ST. LUCIE, FL 34986 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:	P	( ) Delete
Name:	MCCUBBIN, HARRY	
Address:	325 NETTLES BLVD	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	VP	( ) Delete
Name:	PENNIGTON, VIRGIL	
Address:	1297 NETTLES BLVD	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	T	( ) Delete
Name:	SCHNELL, SHARON	
Address:	719 NETTLES BLVD	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	S	( ) Delete
Name:	KNIDSEN, FRANCIS	
Address:	904 NETTLES BLVD	
City-St-Zip:	JENSEN BEACH, FL 34957	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	CATES, CHARLES W	
Address:	1288 NETTLES BLVD	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	VP	(X) Change ( ) Addition
Name:	SCHNELL, SHARON	
Address:	719 NETTLES BLVD	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	BUFF, WILLIAM	
Address:	1066 NETTLES BLVD	
City-St-Zip:	JENSEN BEACH, FL 34957	

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: CHARLES W. CATES P 12/10/2008
Electronic Signature of Signing Officer or Director Date