

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 725421 (2)**  
1. Corporation Name  
**ISLAND VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2135 N COURTENAY PARKWAY  
MERRITT ISLAND FL 32953**

Mailing Address  
**2135 N COURTENAY PARKWAY  
MERRITT ISLAND FL 32953**

3. Date Incorporated or Qualified  
**01/29/1973**

3a. Date of Last Report  
**04/25/1995**

4. FEI Number  
**59-1558005**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**DAVIS, PETEY  
1980 N. ATLANTIC AVENUE  
#701  
COCOA BEACH FL 32931**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>V P D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>JARNAC, SHERYL</b>                               | 1.2 NAME  | <b>Elton Whelan</b>   |
| STREET ADDRESS             | <b>2135 N COURTENAY PKWY C220</b>                   | 1.3 STREET ADDRESS                                    | <b>2135 N. Courtney Pkwy</b>  |
| CITY-ST-ZIP                | <b>MERRITT ISLAND FL</b>                            | 1.4 CITY-ST-ZIP                                       | <b>Merritt Island, FL 32953</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 2.1 TITLE   | <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                       | <b>FAGLEY, BONNIE</b>                               | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2135 N COURTENAY PKWY A101</b>                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MERRITT ISLAND FL</b>                            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       | <b>ROSE, MITZI</b>                                  | 3.2 NAME  | <b>James, Gravelle</b>  |
| STREET ADDRESS             | <b>2135 N COURTENAY PKWY C223</b>                   | 3.3 STREET ADDRESS                                    | <b>F 148 2135 N. Courtney Pkwy</b>  |
| CITY-ST-ZIP                | <b>MERRITT ISLAND FL</b>                            | 3.4 CITY-ST-ZIP                                       | <b>Merritt Island, FL 32953</b>   |
| TITLE                      | <b>DT</b> <input type="checkbox"/> DELETE           | 4.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       | <b>MARKS, MORTON</b>                                | 4.2 NAME  | <b>Rosemary Hoffbauer</b>   |
| STREET ADDRESS             | <b>2135 N COURTENAY PKWY</b>                        | 4.3 STREET ADDRESS                                    | <b>2135 N. Courtney Pkwy</b>  |
| CITY-ST-ZIP                | <b>MERRITT ISLAND FL</b>                            | 4.4 CITY-ST-ZIP                                       | <b>Merritt Island, FL 32953</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 5.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       | <b>HUDSON, JAMES</b>                                | 5.2 NAME  | <b>Bernadette Metzler</b>   |
| STREET ADDRESS             | <b>2135 N COURTENAY PKWY B117</b>                   | 5.3 STREET ADDRESS                                    | <b>A-108 2135 N. Courtney Pkwy</b>  |
| CITY-ST-ZIP                | <b>MERRITT ISLAND FL</b>                            | 5.4 CITY-ST-ZIP                                       | <b>Merritt Island, FL 32953</b>   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME                       | <b>LEWIS, VICKI</b>                                 | 6.2 NAME  |   |
| STREET ADDRESS             | <b>2135 N COURTENAY PKWY C119</b>                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MERRITT ISLAND FL</b>                            | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(407) 784-2091

Date

Daytime Phone #

CR2E037 (12/95)