

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

01/29/1973

4. FEI Number

59-1558005

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MARKS, MORT	
STREET ADDRESS	2135 N COURTENAY PKWY C220	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAGLEY, BONNIE	
STREET ADDRESS	2135 N COURTENAY PKWY A101	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMES GROWLEY	
STREET ADDRESS	F148 2935 N COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEMARY HOFBAUER	
STREET ADDRESS	2135 N COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FAGLEY, BONNIE	
STREET ADDRESS	2135 N COURTENAY PKWY #4101	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, VICKI	
STREET ADDRESS	2135 N COURTENAY PKWY C119	
CITY-ST-ZIP	MERRITT ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gwen Eifler	
1.3 STREET ADDRESS	2135 N Courtenay Pkwy # B111	
1.4 CITY-ST-ZIP	Merritt Island FL 32952	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Warren Youngblood	
2.3 STREET ADDRESS	2135 N Courtenay Pkwy D126	
2.4 CITY-ST-ZIP	Merritt Island FL 32952	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dorothy Follet	
3.3 STREET ADDRESS	2135 N Courtenay Pkwy A201	
3.4 CITY-ST-ZIP	Merritt Island FL 32952	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John Allen	
4.3 STREET ADDRESS	2135 N Courtenay Pkwy # F248	
4.4 CITY-ST-ZIP	Merritt Island FL 32952	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Helen Wicks	
5.3 STREET ADDRESS	2135 N Courtenay Pkwy # C218	
5.4 CITY-ST-ZIP	Merritt Island FL 32952	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.05, 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 119, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Gwen Eifler
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/13/98 (407) 465-1339

CR2E037 (10/97)