

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90013 026 \*\*\*\*61.25

**DOCUMENT # 725421**

1. Entity Name

ISLAND VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2135 N COURTENAY PARKWAY  
E-140  
MERRITT ISLAND FL 32953

Mailing Address

2135 N COURTENAY PARKWAY  
E-140  
MERRITT ISLAND FL 32953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1558005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARRS, KEVIN  
SPACE COAST PROPERTY MANAGEMENT  
1617 COOLING AVENUE  
MELBOURNE FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME WILLIAMS, DON  
STREET ADDRESS 2135 N. COURTENAY PKWY  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME EIFLER, GWEN  
STREET ADDRESS 2135 N. COURTENAY PKWY  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME ALLEN, JACQUELINE  
STREET ADDRESS 2135 N. COURTENAY PKWY  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME CRAWDELL, BARBARA  
STREET ADDRESS 2135 N. COURTENAY PKWY., D233  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE TD ☐ Change ☒ Addition  
NAME Belinda Poole  
STREET ADDRESS 2135 N Courtenay  
CITY-ST-ZIP Merritt Is, FL 32953

TITLE TD ☐ Delete  
NAME MITZIE, ROSE  
STREET ADDRESS 2135 N. COURTENAY PKWY., C223  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME WARD, EUGENE  
STREET ADDRESS 2135 N. COURTENAY PKWY., A207  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Donald D. Williams* 2-3-04 454-3328