2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726705

FILED Apr 24, 2009 Secretary of State

Entity Name: ISLAND HOUSE OF CRESCENT BEACH INC

Current P	rincipal Place of B	usiness:	New Prince	cipal Place of Business:
5650 A1A S. ST AUGUSTINE, FL 32080 Current Mailing Address:		F-115	5650 A1A S. F-115 ST AUGUSTINE, FL 32080 New Mailing Address:	
		New Maili		
5650 A1A ST AUGU:	S. STINE, FL 32080	US	5650 A1A F-115 ST AUGUS	S. STINE, FL 32080 US
FEI Number	: 59-1569788 FEI	Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and	d Address of Curre	nt Registered Agent:	Name and	Address of New Registered Agent:
The above	STINE, FL 32080 U		ourpose of changing	its registered office or registered agent, or bot
SIGNATUI	RF [.]			
		gnature of Registered Age	ent	Date
OFFICER				Date NS/CHANGES TO OFFICERS AND DIRECTORY
Title: Name: Address:	Electronic Sig	S :		
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Electronic Sig S AND DIRECTORS VOPD () Delete SMITH, GENE 5650 A1A SOUTH	5: e s2080	ADDITION Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Sig S AND DIRECTORS VOPD () Delete SMITH, GENE 5650 A1A SOUTH ST AUGUSTINE, FL 3 P () Delete NEILSON, CNYTHIA 5650 A1A S	S: 32080 L 32080 SOUTH	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X) Change () Addition D (X) Change () Addition NEILSON, CNYTHIA 5650 A1A S
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electronic Signal Electronic S	5: 2080 2080 2 L 32080 2 SOUTH L 32080	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D (X) Change () Addition D (X) Change () Addition NEILSON, CNYTHIA 5650 A1A S SAINT AUGUSTINE, FL 32080 P (X) Change () Addition RESNICK, MIKE 5650 HIGHWAY A1A SOUTH

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: DONALD VANDERMEER MGR 04/24/2009