

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90029 044 ****61.25

DOCUMENT # 727427 1. Entity Name ISLANDER POINT, INC.					
Principal Place of Business 1080 BAL HARBOR BLVD. PUNTA GORDA, FL 33950			Mailing Address 1080 BAL HARBOR BLVD. PUNTA GORDA, FL 33950		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1681839	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, JOAN 100 SULLIVAN STREET SUITE 112 PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEELE, DALE		NAME		
STREET ADDRESS	6 HUCKLEBERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	GEORGETOWN, DE 19947		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIBMAN, STEFI		NAME	WILLIS VALETT	
STREET ADDRESS	1080 BAL HARBOR BLVD., # 2B		STREET ADDRESS	2345 GRAHAM CLARK DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	HOLLISTER MO 64622-5723	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COUTTS, MARY LOU		NAME	ED LIEBENGUTH	
STREET ADDRESS	1080 BAL HARBOR BLVD., # 7A		STREET ADDRESS	1905 BELLUS RD	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	HICKORY RD 44233	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONNABEAUX, JEROME		NAME		
STREET ADDRESS	179 HOLMES DALE		STREET ADDRESS		
CITY-ST-ZIP	ALBANY, NY 122081449		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITER, EUGENE H		NAME		
STREET ADDRESS	3507 ST. ANDREW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40241		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	GARY DEMES...	
STREET ADDRESS			STREET ADDRESS	8516 VIXEN DR	
CITY-ST-ZIP			CITY-ST-ZIP	BLOOMINGTON IN 47408	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Stefi Leibman Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-11-08 9416256376 <small>Date Daytime Phone #</small>		