

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733702

FILED
Feb 05, 2009
Secretary of State

Entity Name: ISLA BLANCA TOWNHOUSE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ISLA BLANCA 17
501 GULF SHORE DR
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5211
DESTIN, FL 32540 US

New Mailing Address:

FEI Number: 59-3497069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONNELL, JIM
501 GULFSHORE #7
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TALIAFERRO, JOHN
Address: 501 GULFSHORE DR 15
City-St-Zip: DESTIN, FL 32541

Title: VD () Delete
Name: THOMAS, ELIZABETH
Address: 6724 VANDERBILT
City-St-Zip: HOUSTON, TX 77005

Title: D () Delete
Name: ROGERS, LILLIAN
Address: 1810 KENSINGTON
City-St-Zip: BIRMINGHAM, AL 35209

Title: D () Delete
Name: STANFORD, TARRY
Address: 706 EVERGREEN RD
City-St-Zip: LOUISVILLE, KY 40223

Title: D () Delete
Name: MCDONNELL, JIM
Address: 619 WILLOWHURST PLACE
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCDONNELL, JIM
Address: 15619 WILLOWHURST PLACE
City-St-Zip: LOUISVILLE, KY 40223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JIM MCDONNELL

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date