2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 756738

Entity Name: ISLANDIA EAST ASSOCIATION, INC.

Current Principal Place of Business:

9500 S OCEAN DRIVE
JENSEN BCH, FL 34957 US

New Principal Place of Business:

9500 / 9550 S OCEAN DRIVE
JENSEN BCH, FL 34957 US

Current Mailing Address:

1820 N.E. JENSEN BEACH BLVD., #557
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 59-2245771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORNETT, JANE L ESQ
401 EAST OSCEOLA ST
STUART, FL 34994 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: D ( ) Delete
Name: SXHWANDER, JACK
Address: 9550 S. OCEAN DR. #1507
City-St-Zip: JENSEN BEACH, FL 34957

Title: T ( ) Delete
Name: GILSON, TOM
Address: 9550 SOUTH OCEAN DR SUITE 1408
City-St-Zip: JENSEN BEACH, FL 34957

Title: DVP ( ) Delete
Name: EWALD, NANCY
Address: 9500 S OCEAN DR #809
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete
Name: UNGER, BURT
Address: 9550 SOUTH OCEAN DR SUITE 1701
City-St-Zip: JENSEN BEACH, FL 34957

Title: P ( ) Delete
Name: BOOKHOLDT, DEWEY
Address: 9550 SOUTH OCEAN DR SUITE 1305
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHWANDER, JACK
Address: 9550 S. OCEAN DR. #1507
City-St-Zip: JENSEN BEACH, FL 34957

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

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

Title: ( ) Change ( ) Addition
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: DEWEY BOOKHOLDT PRES 02/17/2009

Electronic Signature of Signing Officer or Director — Date