


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 757705</b>		
1. Entity Name ISLAND VILLAGE OF HUTCHINSON ISLAND OWNERS ASSOCIATION, INC.		

FILED

09 APR 28 PM 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 08-09



Principal Place of Business 969 SOUTH FEDERAL HWY STE 401 STUART, FL 34994	Mailing Address 1111 SE FEDERAL HWY STE 100 STUART, FL 34994
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 969 S. FEDERAL HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 401	
City & State		City & State STUART, FLORIDA	
Zip	Country	Zip	Country
34994		34994	MARTIN

04202009 REIN-NP

CR2E099 (1/07)

005/11

4. FEI Number  
59-1910166

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIGNATURE PROPERTY MANAGEMENT, INC. 969 SOUTH FEDERAL HWY STE 401 STUART, FL 34994	
--	--

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

000152919900  
04/28/09 01006 009 \$122.50

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAUGH, EILEEN		NAME	PETER CONNORS	
STREET ADDRESS	9439 S OCEAN DR #5-D		STREET ADDRESS	9435 S. OCEAN DR. #8-B	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIELDS, RAY		NAME	NANCY KING	
STREET ADDRESS	9401 S OCEAN DR 4-D		STREET ADDRESS	9433 S. OCEAN DR. #7-B	
CITY-ST-ZIP	JENSEN BEACH, FL		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRUNGIS, ANTHONY		NAME	ANGELA AVENA	
STREET ADDRESS	9401 S OCEAN DR 4A		STREET ADDRESS	9433 S. OCEAN DR. #7-C	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, MARGARET		NAME		
STREET ADDRESS	435 S OCEAN DR 8-C		STREET ADDRESS	9435 S. OCEAN DR. #8-C	
CITY-ST-ZIP	JENSEN BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOURMY, JR, JOHN		NAME	KENNETH OREFICE	
STREET ADDRESS	9433 S. OCEAN DR #7-C		STREET ADDRESS	9435 S. OCEAN DR. #8-D	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #