

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764933

FILED
Apr 29, 2009
Secretary of State

Entity Name: ISLAND'S REACH TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

1804 PRADO ST
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

1804 PRADO ST
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-2778894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLYE, DOROTHY
1804 PRADO ST
NAVARRE, FL 32566 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: VP () Delete
Name: QUEENAN, REGGIE
Address: 8411 NAVARRE PARKWAY
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: STEIDEL, STANLEY
Address: 8433 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566

Title: P () Delete
Name: RICHTER, JONATHAN
Address: 8445 NAVARRE PARKWAY
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: JOSEPH, SCOTT
Address: 8435 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566

Title: ST () Delete
Name: PULLIUM, BART
Address: 8494 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: ST (X) Change () Addition
Name: PULLUM, BART
Address: 8494 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566

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: DOROTHY SLYE

RA

04/29/2009

Electronic Signature of Signing Officer or Director

Date