

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-17-2008 90026 005 ****61.25

DOCUMENT # 766736

1. Entity Name
**ISLAND VILLAGE-II OF HUTCHINSON ISLAND OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**9419 SOUTH A1A
P O BOX 1688
JENSEN BEACH, FL 34957**

Mailing Address
**969 S. FEDERAL HWY 401
STUART, FL 34994**

40047550



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2373574

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIGNATURE PROPERTY MANAGEMENT
969 SOUTH FEDERAL HIGHWAY
SUITE 401
STUART, FL 34994**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME FARESE, GENE
STREET ADDRESS 9427 S. OCEAN DR. #61
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME DRISCOLL, JACK
STREET ADDRESS 9411 S. OCEAN DR., #25
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MARINO, CLAIRE
STREET ADDRESS 9425 S. OCEAN DR. #63
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME PISANO, FRANK
STREET ADDRESS 9417 S. OCEAN DR., #40
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME KRUSE, SANDRA
STREET ADDRESS 9429 S. OCEAN DR. #96
CITY-ST-ZIP JENSEN BEACH, FL 34958

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Director*
STREET ADDRESS *RICHARD SUAREZ*
CITY-ST-ZIP *9419 S. OCEAN DR. #47*
JENSEN BEACH, FL 34958

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: *Frank Pisano* **FRANK PISANO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08 *772-2194474*
Date Daytime Phone #