2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# 767921

Entity Name: ISLAND PARK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2310548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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:	JONES, BRUCE	
Address:	6640 ROLAND CT	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	PD	( ) Delete
Name:	BARKER, JOSEPH	
Address:	17641 CAPTIVA ISLAND LANE	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	VPD	( ) Delete
Name:	SPANGLER, ANNA MAE	
Address:	17760 PARK VILLAGE BLVD	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	D	( ) Delete
Name:	OLSEN, DEAN	
Address:	17753 INDIAN ISLAND CT, #28	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	D	( ) Delete
Name:	ULSHAFER, ROGER	
Address:	17819 PORT BOCA CIR	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	STD	( ) Delete
Name:	MARTIN, RON	
Address:	17593 ISLAND INLET CT	
City-St-Zip:	FORT MYERS, FL 33908	

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:	D	(X) Change ( ) Addition
Name:	MELDNER, VOLKER	
Address:	6701 SEA ISLE DR	
City-St-Zip:	FORT MYERS, FL 33908	
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 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: JOE BARKER PD 03/29/2007

Electronic Signature of Signing Officer or Director — Date