

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90056 016 ****61.25

DOCUMENT # 767921

1. Entity Name
ISLAND PARK COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779-5044 US**

Mailing Address
**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779-5044 US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2310548

Applied For
Not Applicable

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

**HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 32779-5044**

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 **D** ☒ Delete
NAME **JONES, BRUCE**
STREET ADDRESS **6640 ROLAND CT**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **SD** ☐ Change ☒ Addition
NAME **SMITH, DAVID**
STREET ADDRESS **17765 PARK VILLAGE**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **PD** ☐ Delete
NAME **BARKER, JOSEPH**
STREET ADDRESS **17641 CAPTIVA ISLAND LANE**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **D** ☐ Change ☒ Addition
NAME **MIRAGLIA, RAY**
STREET ADDRESS **17752 GRANDE BAYOU CT**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **VPD** ☐ Delete
NAME **SPANGLER, ANNA MAE**
STREET ADDRESS **17760 PARK VILLAGE BLVD**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **D** ☒ Change ☐ Addition
NAME **SPANGLER, ANNA MAE**
STREET ADDRESS **17760 PARK VILLAGE BLVD**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **D** ☐ Delete
NAME **MELDNER, VOLKER**
STREET ADDRESS **6701 SEA ISLE DR**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **TD** ☒ Change ☐ Addition
NAME **MELDNER, VOLKER**
STREET ADDRESS **6701 SEA ISLE DR**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **D** ☐ Delete
NAME **ULSHAFFER, ROGER**
STREET ADDRESS **17819 PORT BOCA CIR**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **VPD** ☒ Change ☐ Addition
NAME **ULSHAFFER, ROGER**
STREET ADDRESS **17819 PORT BOCA CIR**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **STD** ☒ Delete
NAME **MARTIN, RON**
STREET ADDRESS **17593 ISLAND INLET CT**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **D** ☐ Change ☒ Addition
NAME **FATSCHEL, ROBERT**
STREET ADDRESS **7690 OSPREY INLET CT**
CITY-ST-ZIP **FORT MYERS, FL 33908**

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 #

JOSEPH H. BARKER

3/12/08 (239) 590-1619