

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000423

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** ISLAND CLUB WEST HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BLUE WATER COMMUNITY MANAGEMENT  
2021 13TH STREET  
ST. CLOUD, FL 34769 US

**New Principal Place of Business:**

C/O BLUE WATER COMMUNITY MANAGEMENT  
2021 13TH STREET  
SAINT CLOUD, FL 34769 US

**Current Mailing Address:**

C/O BLUE WATER COMMUNITY MANAGEMENT  
2021 13TH STREET  
ST. CLOUD, FL 34769 US

**New Mailing Address:**

C/O BLUE WATER COMMUNITY MANAGEMENT  
2021 13TH STREET  
SAINT CLOUD, FL 34769 US

**FEI Number:** 59-3732542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLUE WATER COMMUNITY MANAGEMENT, LLC  
2021 13TH STREET  
ST. CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

BLUE WATER COMMUNITY MANAGEMENT, LLC  
2021 13TH STREET  
SAINT CLOUD, FL 34769 US

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:

02/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAMOS, MICHELLETTE  
Address: 2021 13TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VP  
Name: KOTOWICH, JIM  
Address: 2021 13TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: SEC  
Name: MCDERMOTT, JIM  
Address: 2021 13TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: TRE  
Name: SANABRIA, MARIA  
Address: 2021 13TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769

Title: D  
Name: DANIELS, JOSEPH  
Address: 2021 13TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: DONNIE MARTINEZ

LCAM

02/22/2011

Electronic Signature of Signing Officer or Director

Date