

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002816

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** ISLAND WALK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2045 ISLAND WALK DRIVE  
(THIS IS A MAILING ADDRESS ONLY)  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

2045 ISLAND WALK DRIVE  
(THIS IS A MAILING ADDRESS ONLY)  
ORLANDO, FL 32824

**New Mailing Address:**

**FEI Number:** 03-0454687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNER, ROBERT DP  
2045 ISLAND WALK DRIVE  
(THIS IS A MAILING ADDRESS ONLY)  
ORLANDO, FL 32824 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: DP/T  
Name: TURNER, ROBERT  
Address: 2045 ISLAND WALK DR  
City-St-Zip: ORLANDO, FL 32824

Title: DV  
Name: FEWELL, PETER  
Address: 2045 ISLAND WALK DR  
City-St-Zip: ORLANDO, FL 32824

Title: DS  
Name: VALLE, MICHELE  
Address: 2045 ISLAND WALK DR  
City-St-Zip: ORLANDO, FL 32824

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: ROBERT TURNER

DP

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date