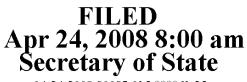


ANNUAL REPORT

2008 NOT-FOR-PROFIT CORPORATION



	DOCUI 1. Entity Nam ISLAND C	e		SOCIATION, INC.			04-24-2008	90097 015 ****61.	25
	Principal Place G.R.S MANAG 3900 WOOD! LAKE WORTH	MENT ASSO LAKE BLVD.,	iciates, inc. , ste 309	Mailing Address G.R.S MANAGMENT 3900 WOODLAKE B LAKE WORTH, FL 3	LVD., STE 309	,	J&U&	OLOT BLOTT ATATL BLOTT ATATL ATATL ATA	(AIII) SI IEEE
	2. Principal P	ace of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.		01222008	Chg-NP	CR2E037 (12/06)	
İ	City & State	е		City & State		4. FEI Numbe 59-2448		· — —	pplied For ot Applicable
	Zip 		Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	ditional
		6. Name	and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered Agent	
	ST JOHN, DICKERS, KRIVOK & CORA PA			PA	Name	by Stelle	Pine, 1	P.A	<u>.</u>
l	500 AUSTI SUITE 600)			Street 6	dress (P.O. Box Number	Not Accepta	DIE - Tra	- 1
ı	WEST PALM BEACH, FL 33401				City 4			3C 9 12 10 2ip Coo	28 3 le
					U				
				for the purpose of changing		registered agent, or bot	100	シ FL 33/	31
	the obligat	named entity		for the purpose of changing		registered agent, or both	100	シ FL 33/	31
				٠	its registered office or i	registered agent, or both	100	Florida. I am familiar with	31
	the obligat	Signature, types	tered agent.	nt and title if applicable.	its registered office or some control of the contro	at	h, in the State of	Florida. I am familiar with	and accept
	the obligat	Signature, types	printed name of registered ager the is \$61.25 flay 1, 2008	9. Election Trust Fur	its registered office or in the control of the cont	re required when reinstating) \$5.00 May B. Added to Fees	n, in the State of	Florida. I am familiar with 5 - 0 8 DATE Make check payable to lorida Department of S	and accept
	the obligat	Signature, types	printed name of registered ager	9. Election Trust Fur	its registered office or some control of the contro	re required when reinstating) \$5.00 May B. Added to Fees	n, in the State of	Florida. I am familiar with. 5 - 0 8 DATE Make check payable to lorida Department of S CERS AND DIRECTORS IN	and accept
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	SIGNATURE . 10. TITLE NAME	Filing Fe Due by N	printed name of registered ager the is \$61.25 flay 1, 2008 OFFICERS AND D DD, MARYANN	9. Election Trust Fur	its registered office or interest of the control of	re required when reinstating) \$5.00 May B. Added to Fees	n, in the State of	Florida. I am familiar with. 5 - 0 8 DATE Make check payable to lorida Department of S CERS AND DIRECTORS IN	and accept
	SIGNATURE . 10. TITLE NAME STREET ADDRESS	Filing Fe Due by N TD ELLEGOO 3981 ISLA LANTANA	printed name of registered ager see is \$61.25 flay 1, 2008 OFFICERS AND D DD, MARYANN AND CLUB DR A, FL 33462	9. Election Trust Fur	its registered office or in the registered office or in the registered Agent signature. Campaign Financing and Contribution.	re required when reinstating) \$5.00 May B Added to Fees	n, in the State of	Florida. I am familiar with. 5 - 0 8 DATE Make check payable to lorida Department of S CERS AND DIRECTORS IN	and accept
	SIGNATURE . 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fe Due by N TD ELLEGOO 3981 ISLA LANTANA VPD BORNSTI	printed name of registered agent see is \$61.25 flay 1, 2008 OFFICERS AND D OD, MARYANN AND CLUB DR A, FL 33462 EIN, KATHLEEN	9. Election Trust Fur	NOTE: Registered Agent signature Campaign Financing de Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	re required when reinstating) \$5.00 May B Added to Fees	n, in the State of	Florida. I am familiar with. 15-08 DATE Make check payable to lorida Department of SICERS AND DIRECTORS IN Change	and accept to tate N 10 Addition
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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 attachm with an address, with all other like error

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE

LAKE WORTH, FL 33462

CITY-ST-ZIP

NAME STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER

☐ Delete

Daytime Phone #

☐ Change

Addition

M