

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90046 035 ****61.25

DOCUMENT # N01108

1. Entity Name

ISLAND PARK WOODS ASSOCIATION, INC.



Principal Place of Business

CONDOMINIUM FINANCIAL SERVICE
14871 HOLE-IN-ONE -CIRCLE # 308
FORT MYERS FL 33919
US

Mailing Address

C/O CFS
14871 HOLA-IN-ONE CIRCLE #308
FORT MYERS FL 33919
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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2446395

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

HENDERSON, DEBRA
6100 WATERWAY BAY DR
FORT MYERS FL 33919

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 PD ☐ Delete
NAME SIMMONS, DAVE
STREET ADDRESS 6047 MONTEGO BAY LOOP
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS FRED ENG
CITY-ST-ZIP 6065 MONTEGO BAY LOOP
FORT MYERS FL 33908

TITLE VPD ☐ Delete
NAME HENDERSON, DEB
STREET ADDRESS 6100 WATERWAY BAY DR
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS PAMELA VICKERY
CITY-ST-ZIP 6065 MONTEGO BAY LOOP
FORT MYERS FL 33908

TITLE DS ☐ Delete
NAME BRYANT, KAREN
STREET ADDRESS 4115 LAKEFRONT DRIVE
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME ARRINGTON, RUSS
STREET ADDRESS 6105 MONTEGO BAY LOOP
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME RYE, JEFF
STREET ADDRESS 6106 MONTEGO BAY LOOP
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

DAVE SIMMONS

[Signature]

4/19/07 941-286-5808