


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90026 043 ****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		4. FEI Number 59-2446395	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, DAVE		NAME		
STREET ADDRESS	6047 MONTEGO BAY LOOP		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, DEBRA		NAME	DEBRA DEBRA	
STREET ADDRESS	6100 WATERWAY BAY DR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, KAREN		NAME		
STREET ADDRESS	4115 LAKEFRONT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARRINGTON, RUSS		NAME		
STREET ADDRESS	6105 MONTEGO BAY LOOP		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENG, FRED		NAME		
STREET ADDRESS	6065 MONTEGO BAY LOOP		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICKERY, PAMELA		NAME		
STREET ADDRESS	6059 MONTEGO BAY LOOP		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
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			2/11/08 239-275-8029 Date Daytime Phone #		