

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90013 032 ****61.25

DOCUMENT # N01178

1. Entity Name
**ISLAND PARK WOODS, UNIT I CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**14360 S TAMiami TR
UNIT B
FORT MYERS, FL 33912 US**

Mailing Address

**14360 S TAMiami TR
UNIT B
FORT MYERS, FL 33912 US**

40014330



01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2446396

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAPP, PAUL
14360 S TAMiami
UNIT B
FORT MYERS, FL 33912**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRYANT, KAREN L
STREET ADDRESS	14360 S TAMiami TR UNIT B
CITY - ST - ZIP	FORT MYERS, FL 33912
TITLE	VPD
NAME	LACEY, PAM
STREET ADDRESS	14360 S TAMiami TR UNIT B
CITY - ST - ZIP	FORT MYERS, FL 33912
TITLE	SD
NAME	ARNDT, PAM
STREET ADDRESS	14360 S TAMiami TR UNIT B
CITY - ST - ZIP	FORT MYERS, FL 33912
TITLE	AS
NAME	Diveley, Randall
STREET ADDRESS	14360 S TAMiami TR UNIT B
CITY - ST - ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1.24.08

239.481.1572