2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N01178

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

Current Principal Place of Business:

14360 S TAMIAMI TR
UNIT B
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

14360 S TAMIAMI TR
UNIT B
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 59-2446396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPP, PAUL
14360 S TAMIAMI
UNIT B
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SAPP, PAUL L
14360 S TAMIAMI
UNIT B
FORT MYERS, FL 33912 US

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: PAUL L SAPP 01/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRYANT, KAREN L
Address: 14360 S TAMIAMI TR UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: VPD ( ) Delete
Name: LACEY, PAM
Address: 14360 S TAMIAMI TR UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: SD ( ) Delete
Name: ARNDT, PAM
Address: 14360 S TAMIAMI TR UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: PM ( ) Delete
Name: SAPP, PAUL
Address: 14360 S TAMIAMI TR UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: AS ( ) Delete
Name: DIVELEY, RANDALL
Address: 14360 S TAMIAMI TR UNIT B
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: HARRISON, BRIAN
Address: 14360 S TAMIAMI TR UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL L SAPP MGR 01/07/2009
Electronic Signature of Signing Officer or Director Date