

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002734

FILED
Jan 06, 2009
Secretary of State

Entity Name: ISLAND TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

158 117TH AVENUE
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

158 117TH AVENUE
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOLFREY, DON
158 117TH AVENUE
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLFREY, DON
Address: 158 117TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: V () Delete
Name: GUY, PHILIP
Address: 152 117TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T () Delete
Name: NASSIF, GERRY
Address: 9311 BLIND PASS RD
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: S () Delete
Name: SFERRA, SHANNON
Address: 156 117TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: NASSIF, GERRY
Address: 150 117TH AVE.
City-St-Zip: TREASURE ISLAND, FL 33706

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: DON WOLFREY

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date