

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008388

FILED
Apr 22, 2005
Secretary of State

Entity Name: ISLESWORTH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2021 ART MUSEUM DRIVE
SUITE 210
JACKSONVILLE, FL 32207

New Principal Place of Business:

463499 SR 200
YULEE, FL 32097

Current Mailing Address:

2021 ART MUSEUM DRIVE
SUITE 210
JACKSONVILLE, FL 32207

New Mailing Address:

P O BOX 1987
YULEE, FL 320411987 US

FEI Number: 59-3762092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTONPOULOS, MICHAEL
2021 ART MUSEUM DRIVE
SUITE 210
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

POWELL, TERRELL J
463499 SR 200
YULEE, FL 32097 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: TERRELL J POWELL

04/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWELL, WILLIAM R
Address: P.O. BOX 60 - ORTEGA STATION
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD () Delete
Name: WATSON, JIM
Address: P. O. BOX 7779
City-St-Zip: JACKSONVILLE, FL 32238

Title: STD () Delete
Name: ANTONPOULOS, MICHAEL
Address: 2021 ART MUSEUM DRIVE, SUITE 210
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: TERRELL J POWELL

RA

04/22/2005

Electronic Signature of Signing Officer or Director

Date