2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N03000003847

Entity Name: THE ISLAND CLUB AT WELLINGTON HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

A & G MANAGEMENT, 11360 FORTUNE CIRCLE
SUITE E-6A
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11924 FOREST HILL BLVD
#22-221
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-1361463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A & G MANAGEMENT SERVICES
11924 FOREST HILL BLVD # 22 PMB 221
WELLINGTON, FL 33414 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: DVP ( ) Delete
Name: SANGER, RENEE M
Address: 11924 FOREST HILL BLVD, #22-221
City-St-Zip: WELLINGTON, FL 33414

Title: DS ( ) Delete
Name: WILSON, OKHEE
Address: 11924 FOREST HILL BLVD, #22-221
City-St-Zip: WELLINGTON, FL 33414

Title: DT ( ) Delete
Name: DUEMIA, JAMES
Address: 11924 FOREST HILL BLVD, #22-221
City-St-Zip: WELLINGTON, FL 33414

Title: DP (X) Delete
Name: CAMPBELL, JULIE
Address: 11924 FOREST HILL BLVD, #22-221
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: FRONCZEK, DIANE
Address: 11924 FOREST HILL BLVD, #22-221
City-St-Zip: WELLINGTON, FL 33414

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

Title: DT (X) Change ( ) Addition
Name: DUEMIG, JAMES
Address: 11924 FOREST HILL BLVD, #22-221
City-St-Zip: WELLINGTON, FL 33414

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: DIANE FRONCZEK DP 04/29/2009

Electronic Signature of Signing Officer or Director — Date