

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/2/2008-90031-028-\$61.25-\$61.25

Corrected Copy

DOCUMENT # N03000004106			
1. Entity Name ISLE OF PALMS CIVIC ASSOCIATION INC.			
Principal Place of Business 138 - 107TH AVE TREASURE ISLAND, FL 33706		Mailing Address P O BOX 291 TREASURE ISLAND, FL 33706 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		08272008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BALKENHOL, PEGGY 11340 8TH ST EAST TREASURE ISLAND, FL 33706		7. Name and Address of New Registered Agent Name <u>Carla Smith</u> Street Address (P.O. Box Number is Not Acceptable) <u>11485 1st St E</u> City <u>Treasure Island</u> FL Zip Code <u>33706</u>	
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 <u>Carla Smith</u> DATE <u>08/29/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GAYTON, EDWARD J 770 115TH AVE TREASURE ISLAND, FL 33706 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES Carla Smith 11485 1st St E Treasure Island FL 33706 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Nancy Walker 11137 2nd St E Treasure Island, FL 33706 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Diana Rinkus 54 115th Ave Treasure Island, FL 33706 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>11/10/3</u> ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Mary Lou Johnson 11130 4th St Treasure Island, FL 33706 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u>Carla Smith</u>		08/29/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	