2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005166

FILED Apr 24, 2009 Secretary of State

Entity Name: ISABELLA PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

WATSON REALTY CORP 4516 NW 23RD AVE GAINESVILLE, FL 32606

Current Mailing Address: New Mailing Address:

WATSON REALTY CORP 4516 NW 23RD AVE GAINESVILLE, FL 32606

FEI Number: 20-0617755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POLLARD, FRANCES C WATSON REALTY CORP 4516 NW 23RD AVE GAINESVILLE, FL 32606 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:

- Flateria Circulus I Davidoud Acad

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VTD () Delete
 Title:
 PTD (X) Change () Addition

 Name:
 BOWRA, DACIA
 Name:
 BOWRA, DACIA

 Address:
 2636 SW 35TH PL # 6
 Address:
 2636 SW 35TH PL # 6

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: PD () Delete Title: VPD (X) Change () Addition

 Name:
 MAJOR, ZAYNAB
 Name:
 MAJOR, ZAYNAB

 Address:
 2636 SW 35TH PL # 18
 Address:
 2636 SW 35TH PL # 18

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: SD () Delete Title: () Change () Addition

 Name:
 DEBONIS, KRISTEN
 Name:

 Address:
 2636 SW 35TH PL #1
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32608
 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: DACIA BOWRA P 04/24/2009