

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/ **FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90049 015 \*\*\*\*61.25

<b>DOCUMENT # N03000007417</b> 1. Entity Name <b>ISLAND FOREST CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>6155 ISLAND FOREST DRIVE ORANGE PARK FL 32003</b>			Mailing Address <b>6155 ISLAND FOREST DRIVE ORANGE PARK FL 32003</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHITLATCH, SUSAN G 6226 ISLAND FOREST DRIVE ORANGE PARK FL 32003</b>				7. Name and Address of New Registered Agent Name <u>TURNER, Joseph G.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6167 Island Forest Dr.</u> City <u>ORANGE PARK</u> FL <u>32003</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>Joseph G. Turner</u> <u>Joseph G Turner</u> <u>3-14-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to:</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FOSTER, DAVID 6120 BERMUDA DRIVE ORANGE PARK FL 32003 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT NELSON, JEFF 6259 LEEWARD DRIVE ORANGE PARK FL 32003 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP QUINN, LORRAINE 6041 BERMUDA DRIVE ORANGE PARK FL 32003 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS OPERACZ, KAREN 6155 ISLAND FOREST DRIVE ORANGE PARK FL 32003 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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. <u>KAREN A. OPERACZ</u>					
<b>SIGNATURE:</b> <u>Karen A. Operacz</u> <u>SECRETARY</u> <u>3.30.04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					