

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007417

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** ISLAND FOREST CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

6155 ISLAND FOREST DRIVE  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

6155 ISLAND FOREST DRIVE  
ORANGE PARK, FL 32003

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

TURNER, JOSEPH G  
6167 ISLAND FOREST DR.  
ORANGE PARK, FL 32003 US

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

FOSTER, DAVID E  
6120 BERMUDA DRIVE  
ORANGE PARK, FL 32003 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: DAVID E. FOSTER

04/30/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FOSTER, DAVID  
Address: 6120 BERMUDA DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

Title: DT ( ) Delete  
Name: NELSON, JEFF  
Address: 6259 LEEWARD DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

Title: DVP ( ) Delete  
Name: QUINN, LORRAINE  
Address: 6041 BERMUDA DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

Title: DS ( ) Delete  
Name: OPERACZ, KAREN  
Address: 6155 ISLAND FOREST DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

**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:

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: DAVID E. FOSTER

DP

04/30/2005

Electronic Signature of Signing Officer or Director

Date