

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007417

FILED
May 01, 2006
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:

6282 ISLAND FOREST DRIVE
ORANGE PARK, FL 32003

Current Mailing Address:

6155 ISLAND FOREST DRIVE
ORANGE PARK, FL 32003

New Mailing Address:

6282 ISLAND FOREST DRIVE
ORANGE PARK, FL 32003

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOSTER, DAVID E
6120 BERMUDA DRIVE
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

THOMAS, JUDY T
6282 ISLAND FOREST 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: JUDY T. THOMAS

05/01/2006

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 (X) Delete
Name: QUINN, LORRAINNE
Address: 6041 BERMUDA DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: DS (X) 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: DT (X) Change () Addition
Name: THOMAS, JUDY T
Address: 6282 ISLAND FOREST DRIVE
City-St-Zip: ORANGE PARK, FL 32003

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 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: DAVID E. FOSTER

DP

05/01/2006

Electronic Signature of Signing Officer or Director

Date