


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90062 029 ****61.25

DOCUMENT # N04000006452 1. Entity Name ISLAND VILLAS CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 741 AIA BEACH BOULEVARD ST. AUGUSTINE FL 32080		Mailing Address 741 AIA BEACH BOULEVARD ST. AUGUSTINE FL 32080
2. Principal Place of Business 650 W. Pope Rd. Suite, Apt. #, etc. #267 City & State St. Augustine, FL Zip 32080 Country ST. JOHNS	3. Mailing Address 650 W. Pope Rd. Suite, Apt. #, etc. #267 City & State St. Augustine, FL Zip 32080 Country ST. JOHNS	
4. FEI Number 20-1446048		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JONES, KATHERINE G 780 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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>Katherine G. Jones</u> DATE <u>3/10/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HAYS, JAMES 413 OCEAN GROVE CIRCLE ST. AUGUSTINE FL 32080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HATIN, JEFFREY 413 OCEAN GROVE CIRCLE ST. AUGUSTINE FL 32080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFITH, STEPHEN 413 OCEAN GROVE CIRCLE ST. AUGUSTINE FL 32080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager PAUL W. GARDNER 650 W. Pope Rd. - #267 St. Augustine, FL 32080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.		
SIGNATURE: <u>Paul Gardner, Mgr.</u> DATE <u>3/10/05</u> DAYTIME PHONE # <u>904-471-6281</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		