

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000006452

**FILED**  
**Oct 28, 2010**  
**Secretary of State**

**Entity Name:** ISLAND VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

650 W POPE RD  
# 267  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

650 W POPE RD  
# 267  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 20-1446048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, KATHERINE G  
780 NORTH PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084 US

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

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:** KATHERINE JONES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LINDSAY, CAROLE  
**Address:** 259 650 W POPE RD  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080

**Title:** VP  
**Name:** ASSELA, MICHAEL  
**Address:** 133 HONDO RD  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080

**Title:** M  
**Name:** GARDNER, PAUL W  
**Address:** 650 W POPE RD, #267  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL GARDNER

M

10/28/2010

Electronic Signature of Signing Officer or Director

Date