

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009221

FILED  
May 16, 2007  
Secretary of State

**Entity Name:** ISLANDER CARRIAGE HOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2225 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

2225 A1A SOUTH  
C-8  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

P.O. 840100  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 86-1137876      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

BROWN, RONALD W  
66 CUNA STREET  
SUITE A  
ST AUGUSTINE, FL 32084 US

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

SYKES, W STEVE  
2225 A1A SOUTH  
SUITE C-8  
ST AUGUSTINE, FL 32080 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: W STEVE SYKES

05/16/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VSD ( ) Delete  
Name: COLE, SCOTT III  
Address: PO BOX 840100  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: WERNINCK, KEITH L III  
Address: PO BOX 840100  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: PTD ( ) Delete  
Name: SYKES, W. STEVE  
Address: 2225 A1A SOUTH SUITE C-8  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WERNINCK, KEITH B  
Address: PO BOX 840100  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: PTD (X) Change ( ) Addition  
Name: SYKES, W. STEVE  
Address: PO BOX 840100  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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: W STEVE SYKES

PTD

05/16/2007

Electronic Signature of Signing Officer or Director

Date