

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000007429

1. Entity Name
ISLEWORTH COMMUNITY TRUST, INC.



Principal Place of Business
**9350 CONROY-WINDERMERE ROAD
WINDERMERE, FL 34786**

Mailing Address
**9350 CONROY-WINDERMERE ROAD
WINDERMERE, FL 34786**

FILED

08 APR 24 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3507903	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, MARK 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT VOSS, JEFFERSON 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DICKEY, KEVIN 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jeff Voss</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 authorized 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Voss

Date

4/14/08

Daytime Phone #

407-909-9000