

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N05000012977

Entity Name: ISLAND LAKES OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

121 RAINTREE CT
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

PO BOX 95
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 20-8899648 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURMAN, DAVID
121 RAINTREE CT
AUBURNDALE, FL 33823 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARKSON, KEITH
Address: 120 ALLAMANDA DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: VD () Delete
Name: HINSON, MISTY
Address: 5060 LUNN RD
City-St-Zip: LAKELAND, FL 33811

Title: STD () Delete
Name: MARTIN, LUCAS
Address: 5060 LUNN RD
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 L BURMAN

RA

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date