2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N05029

Entity Name: ISLANDER BEACH CLUB CONDOMINIUM ASSOCIATION OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

1601 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

1601 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-2499121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RADUNE, MARTHA
1601 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 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:	VD	( ) Delete
Name:	FRAUMAN, ROBERT	
Address:	3246 MARLANTA DR.	
City-St-Zip:	MARIETTA, GA 30062	
Title:	SD	( ) Delete
Name:	MENOCHE, HELEN	
Address:	1311 VICTORY PALM DR	
City-St-Zip:	EDGEWATER, FL 32132	
Title:	PD	( ) Delete
Name:	HOCKETT, DONALD	
Address:	3832 SAXON DR	
City-St-Zip:	NEW SMYRNA BEACH, FL	
Title:	VD	( ) Delete
Name:	SCHULTZ, LEE	
Address:	7931 DAETWYLER DR	
City-St-Zip:	ORLANDO, FL	
Title:	ATD	( ) Delete
Name:	WILLIAMS, TOM	
Address:	1601 S. ATLANTIC AVE.	
City-St-Zip:	NEW SMYRNA BEACH, FL	
Title:	TD	( ) Delete
Name:	SCHAAF, SARALYN	
Address:	805 N. DIXIE FREEWAY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	

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:	
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: DONALD HOCKETT PD 04/22/2009

Electronic Signature of Signing Officer or Director — Date