

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001342

FILED
Jan 28, 2009
Secretary of State

Entity Name: ISLAND MONTESSORI ACADEMY, INC.

Current Principal Place of Business:

1101 NORTH COLLIER BLVD
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 224
MARCO ISLAND, FL 34146

New Mailing Address:

FEI Number: 20-4279339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOLA, ROSA M
987 NORTH COLLIER
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

SCOLA, ROSA M
771 SOUTH BARFIELD DRIVE
MARCO ISLAND, FL 34145 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: ROSA M SCOLA

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALDWIN, LISA N
Address: 316 3RD AVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: VPD () Delete
Name: NGUYEN, PETER
Address: 741 PARTRIDGE COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: AVP () Delete
Name: LUPO, ASHLEY
Address: 478 ECHO CIRCLE
City-St-Zip: MARCO ISLAND, FL 34145

Title: AVP () Delete
Name: WIDES, TOM
Address: 1181 MIMOSA COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: AVP () Delete
Name: PASCALE, GREGORY
Address: 8976 LELY ISLAND CIRCLE
City-St-Zip: NAPLES, FL 34113

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:

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: LISA NGUYEN BALDWIN

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date