2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06971

FILED Apr 01, 2009 Secretary of State

Entity Name: ISLAND HOUSE ASSOCIATION OF BOCA GRANDE, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O PARSLEY-BALDWIN REALTY 428 W 4 ST

BOCA GRANDE, FL 33921 US

Current Mailing Address: New Mailing Address:

C/O PARSLEY-BALDWIN REALTY P.O. BOX 605 BOCA GRANDE, FL 33921 US

FEI Number: 59-2609968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ITTERSAGEN, SCOTT D.

1861 PLACIDA ROADD, SUITE 104

1861 PLACIDA ROAD, SUITE 104

1861 PLACIDA ROAD, SUITE 104

ENGLEWOOD, FL 34223 US

1861 PLACIDA ROAD, SUITE 104

ENGLEWOOD, FL 34223 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: SCOTT DITTERSAGEN 04/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Fitle:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 BATTEL ROBERT

 Name:
 BATTEL, ROBERT
 Name:
 BATTEL, ROBERT

 Address:
 15 GREENWAY RD.
 Address:
 15 GREENWAY RD

 City-St-Zip:
 RYE, NY 10580
 City-St-Zip:
 RYE, NY 10580

Title: TD () Delete Title: TD (X) Change () Addition

Name: ROSE, MARCIA Name: DAVIES, RICHARD

Address: 6564 DUNNS FARM RD Address: PAVILLION 5605, 5605 CARNEGIE BLVD #110

City-St-Zip: MAPLE CITY, MI 49664 City-St-Zip: CHARLOTTE, NC 28209

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 FISHER, JACK
 Name:
 FISHER, JACK

 Address:
 122 SCHOONER LANE
 Address:
 PO BOX 301

City-St-Zip: BARRINGTON, IL City-St-Zip: BOCA GRANDE, FL 33921

Title: D () Delete Title: () Change () Addition

 Name:
 PALMER, ROSANNA
 Name:

 Address:
 2140 CHAPEL DR
 Address:

 City-St-Zip:
 FINDLAY, OH 45840
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 ARRINGTON, AMY
 Name:

 Address:
 6334 MACLAURIN DR
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 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: ROBERT BATTEL PD 04/01/2009