## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10000011662

Apr 20, 2011 Secretary of State

Entity Name: ISLANDER TOWNHOME HOMEOWNERS ASSOCIATION, INC.

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

10475 FORTUNE PARKWAY, SUITE 100 11555 CENTRAL PARKWAY JACKSONVILLE, FL 32356

801

JACKSONVILLE, FL 32224

**Current Mailing Address: New Mailing Address:** 

10475 FORTUNE PARKWAY, SUITE 100 11555 CENTRAL PARKWAY JACKSONVILLE, FL 32356

JACKSONVILLE, FL 32224

FEI Number: 27-4572136 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DEKLE, JOHN T FIRST COAST ASSOCIATION MANAGEMENT 10475 FORTUNE PARKWAY, SUITE 100 11555 CENTRAL PARKWAY

JACKSONVILLE, FL 32356 801 JACKSONVILLE, FL 32224 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: MARGARET STOREY 04/20/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

WARD, CHRIS Name:

Address: 10475 FORTUNE PARKWAY, SUITE 100

City-St-Zip: JACKSONVILLE, FL 32356

Title:

Name: SPALTEN, JOSH

Address: 10475 FORTUNE PARKWAY, SUITE 100

City-St-Zip: JACKSONVILLE, FL 32356

Title: STD

GOWENS, DARREN Name:

10475 FORTUNE PARKWAY, SUITE 100 Address:

City-St-Zip: JACKSONVILLE, FL 32356

I hereby 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 all other like empowered.

SIGNATURE: MARGARET STOREY **CFO** 04/20/2011