

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90071 028 ****61.25

DOCUMENT # N10989

1. Entity Name

ISLAND PARK WOODLANDS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

17587 BOAT CLUB DR
FORT MYERS FL 33908

Mailing Address

17587 BOAT CLUB DR
FORT MYERS FL 33908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-2616551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATRICIA CASEY
17587 BOAT CLUB DR
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MEYER, SUSAN	
STREET ADDRESS	6036 PERTHSHIRE LN	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MIKOSZ, DENNIS	
STREET ADDRESS	6042 MACBETH LANE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASEY, PATRICIA	
STREET ADDRESS	17587 BOAT CLUB DR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERS, MARTY	
STREET ADDRESS	6012 MACBETH LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, WILLIAM J	
STREET ADDRESS	17508 BOAT CLUB	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAY, WALLACE	
STREET ADDRESS	17571 BOAT CLUB DR	
CITY-ST-ZIP	FORT MYERS FL 33908	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Wright, William J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17508 BOAT CLUB DR	
STREET ADDRESS	PD	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	JAMES McCORD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	17598 BOAT CLUB DR	
STREET ADDRESS	VP	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	D MATT CONLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	17558 BOAT CLUB DR	
STREET ADDRESS	FT. MYERS, FL. 33908	
CITY-ST-ZIP	FT. MYERS, FL. 33908	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMILLA Green	
STREET ADDRESS	17569 MOORFIELD DR	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Casey

2-12-06 239-267-9333