

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90023 038 \*\*\*\*61.25

<b>DOCUMENT # N10989</b> 1. Entity Name <b>ISLAND PARK WOODLANDS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>17508 BOAT CLUB DR FORT MYERS, FL 33908</b>			Mailing Address <b>17508 BOAT CLUB DR FORT MYERS, FL 33908</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2616551</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>WRIGHT, WILLIAM J 17508 BOAT CLUB DR FORT MYERS, FL 33908</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WRIGHT, WILLIAM J</b> <b>17508 BOAT CLUB DR</b> <b>FT. MYERS, FL 33908</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCORD, JAMES</b> <b>17598 BOAT CLUB DR</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANKLAM, CONRAD</b> <b>17500 BOAT CLUB DR</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONLEY, MATT</b> <b>17588 BOAT CLUB DR</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GREEN, CAMILLA</b> <b>17569 MOORFIELD DR</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAY, WALLACE</b> <b>17571 BOAT CLUB DR</b> <b>FORT MYERS, FL 33908</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>SCOTT BOWDEN</b> <b>17603 BOAT CLUB DR</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>STEVE THURSTAD</b> <b>6043 MACBETH LN</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>William J. Wright - WILLIAM J. WRIGHT</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>03/05/2008</u> Daytime Phone #: <u>(239) 489-3269</u>					