

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 19 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N12993**

**(4)**

1. Corporation Name

**ISLEWORTH COMMUNITY ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**% CHRISTOPHER K. KAY  
P.O. BOX 2193  
ORLANDO FL 32802-2193**

**% CHRISTOPHER K. KAY  
P.O. BOX 2193  
ORLANDO FL 32802-2193**

3. Date Incorporated or Qualified

**01/16/1986**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-2780586**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 6100 Deacon Drive**

**26 6100 Deacon Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State**

**27 City & State**

**23 Windermere, Florida**

**28 Windermere, Florida**

Zip

Country

Zip

Country

**24 34786**

**25 USA**

**29 34786**

**30 USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAY, CHRISTOPHER K.  
111 N. ORANGE AVENUE  
SUITE 1800  
ORLANDO FL 32801**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **FORTIER, GEORGE**  
STREET ADDRESS **5056 ISLEWORTH COUNTRY**  
CITY - ST - ZIP **WINDERMERE FL 34786**

11 TITLE **PD** ☒ Change ☐ Addition  
12 NAME **Toby Silverton**  
13 STREET ADDRESS **5353 Isleworth Country Club Drive**  
14 CITY - ST - ZIP **Windermere, FL 34786** ☐ Change ☐ Addition

TITLE **VTD**  
NAME **KAY, CHRISTOPHER K.**  
STREET ADDRESS **111 N. ORANGE AVE #1800**  
CITY - ST - ZIP **ORLANDO FL 32801**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE **SD**  
NAME **JEFFERY, RANDALL E. SR**  
STREET ADDRESS **9842 MCCORMICK PLACE**  
CITY - ST - ZIP **WINDERMERE FL 34786**

31 TITLE **S** ☒ Change ☐ Addition  
32 NAME **Jefferson R. Voss**  
33 STREET ADDRESS **550 Jefferson Street**  
34 CITY - ST - ZIP **Oakland, FL 34760** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE **D** ☐ Change ☒ Addition  
42 NAME **Erica Hunt**  
43 STREET ADDRESS **6119 Deacon Drive**  
44 CITY - ST - ZIP **Windermere, FL 34786**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFFERSON R VOSS**

4/14/95 407-876 5732