2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N12993

1. Entity Name
ISLEWORTH COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9701 CHESTNUT RIDGE DR WINDERMERE, FL 34786 US	200 SOUTH ORAGE AVE 2300 ORLANDO, FL 32801-3455 US

04082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2780586
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 S. ORANGE AVE.
STE 2300
ORLANDO, FL 32801-3432

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000126298
04/23/04-80028-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	VOSS, JEFFERSON R
STREET ADDRESS	9701 CHESTNUT RIDGE DR
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	DT
NAME	CERVENKA, LESLIE
STREET ADDRESS	9701 CHESTNUT RIDGE DR
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	PD
NAME	BROWN, BRIAN
STREET ADDRESS	9701 CHESTNUT RIDGE DR
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4-8-04 407-876-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #