FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Debr



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

DOCUMENT # N22755

(5)

EAST HIGH POINT/ISLAND ROAD ASSOCIATION, INC.

	·						
Principal Place of Business Mailing Address					-{	IK WIWH BIWH BIBH WIWH	
23 ISLAND RE STUART FL 3		23 ISLAND RD. Stuart Fl 34996					
					3. Date Incorporated or Qualified 09/30/1987	3a. Date of Last 02/28/19	Report 995
21	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0033759		Applied For Not Applicable
Suite, Apt. :		Suite, Apt. #, etc.	* ****		5. Certificate of Status Desired	, , ,	Additional Required
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24		25 29 30 Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent		
			81	Name	TO. THE BIRD ACCIDES OF HEN FIELD	Interes Affects	
MARTIN.	GEORGIANN						
23 ISLAN	62 3	Street Addre	ess (P.O. Box Number is Not Acceptable)				
STUART FL 34996			63				
			84 (Oity			Code
			! !	-			
11. Pursuant t	to the provisions of Sections 617,0502 ed agent, or both, in the State of Etari	and 617.1508, Florida Statut	tes, the above-nar	ned corpora	ation submits this statement for the purpord of directors. I hereby accept the appoin	se of changing its re	egistered office
familiar wit	th, and accept the obligations of, Sect	ion 617.0503, Florida Statute:	s.	autori a Dodic	or directors. Thereby accept the appoin	itment as registered	agent. Lam
SIGNATURE _				•	-		
12.	Signature, typed or printed name of registered agent	and title if applicable (NO D DIRECTORS	OTE: Registered Agent se	gnature required		DATE	DC (N) 40
TILE	\$D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	MARTIN, GEORGIANN		1.2 NAME			criange	☐ Addition
STREET ADDRESS	23 ISLAND RD.		1.3 STREET AD	inress			
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-2				
TITLE	VD DELETE		2.1 TITLE			☐ Change	Addition
NAME	BRAND, BILL		2.2 NAME				_
STREET ADDRESS	4 E. HIGH POINT RD.		2.3 STREET ADDRESS				
CITY - ST - ZIP	STUART FL		2 4 CITY-ST-	ZIP			
TITLE	D	☐ DELETE				☐ Change	Addition
NAME	MIELE, RICHARD		3.2 NAME				
STREET ADDRESS	6 E. HIGH POINT RD.		3 3 STREET AD	DRESS			
CITY-ST-ZIP	STUART FL D		3 4. C(TY-ST-	ZIP			
TITLE	D'AMIANO, TONY		4.1 TITLE			☐ Change	☐ Addition
NAME STORET ADDORSS	5 ISLAND RD.		4. 2 NAME	DOLLO			
STREET ADDRESS CITY-ST-ZIP	STUART FL		4.3 STREET AD	1			
TITLE	P	DELETE	4.4 CITY-ST-Z 5.1 TITLE	ir		Change	Addition
NAME	GILLER, EDWARD		5.2 NAME			C) change	
STREET ADDRESS	10 E. HIGH POINT RD.		5.3 STREET AD	DRESS			
CITY - ST- ZIP	STUART FL		5.4 CITY-ST-Z				
TITLE	D	DELETE	61 TITLE			Change	Addition
NAME	DECKOFF, STANLEY		6.2 NAME				
STREET ADDRESS	25 ISLAND RD.		6.3 STREET AD	DRESS			
CITY-ST-ZIP	STUART FL		6.4 CITY - ST - Z	IP .			
certity mat	The information indicated on this anni	ial report or supplemental and	nial racout is to la s	コハイ タイクロとうしゅ	r the exemption stated in Section 119.07 and that my signature shall have the sa	ma lagal affaat on if	mada unda I
oatn; that i	am an officer or director of the corpo Block 12 or Block 13 if changed, or o	ration or the receiver or truste	e empowered to e	execute this	report as required by Chapter 617, Florid	da Statutes; and tha	t my name

Drysans M. Marlen 2-25-96 (407) 188-4484

INTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D