


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90015 038 ****61.25

DOCUMENT # N22755			
1. Entity Name EAST HIGH POINT/ISLAND ROAD ASSOCIATION, INC.			
Principal Place of Business 23 ISLAND RD. STUART, FL 34996		Mailing Address 23 ISLAND RD. STUART, FL 34996	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>17 ISLAND RD.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>STUART, FL.</i>	
Zip	Country	Zip <i>34996</i>	Country
6. Name and Address of Current Registered Agent MARTIN, GEORGIANN 23 ISLAND ROAD STUART, FL 34996		7. Name and Address of New Registered Agent Name <i>PANTON, JO ELLEN</i> Street Address (P.O. Box Number is Not Acceptable) <i>17 ISLAND RD</i> City <i>STUART</i> FL Zip Code <i>34996</i>	
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 <i>Jo Ellen Panton</i> <small>Signature (typed or printed name of registered agent and title if applicable.)</small>		DATE <i>3/26/2008</i> <small>(NOTE: Registered Agent signature required when reinstating.)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, GEORGIANN 23 ISLAND RD. STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAND, BILL 4 E. HIGH POINT RD. STUART, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>TED MAJEWSKI</i> <i>24 EAST HIGH POINT</i> <i>STUART, FL. 34996</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIELE, RICHARD 6 E. HIGH POINT RD. STUART, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/T</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>JO ELLEN PANTON</i> <i>17 ISLAND RD</i> <i>STUART FL. 34996</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMIANO, TONY 5 ISLAND RD. STUART, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>SCOTT MISER</i> <i>21 ISLAND RD</i> <i>STUART, FL. 34996</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILDENBERGER, JOHN 8 EAST HIGH POINT RD STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> <input type="checkbox"/> Delete <i>PETER LULOH</i> <i>20 EAST HIGH POINT</i> <i>STUART, FL 34996</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>STEPHANN COTTON</i> <i>11 ISLAND RD</i> <i>STUART, FL. 34996</i>
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.			
SIGNATURE: <i>Jo Ellen Panton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>3/26/2008</i> Daytime Phone # <i>772-220-0770</i>	

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4. FEI Number 65-0033759 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required