

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22755

FILED
Apr 02, 2009
Secretary of State

Entity Name: EAST HIGH POINT/ISLAND ROAD ASSOCIATION, INC.

Current Principal Place of Business:

23 ISLAND RD.
STUART, FL 34996

New Principal Place of Business:

17 ISLAND ROAD
STUART, FL 34996

Current Mailing Address:

17 ISLAND RD.
STUART, FL 34996

New Mailing Address:

17 ISLAND ROAD
STUART, FL 34996

FEI Number: 65-0033759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANTON, JO ELLEN
17 ISLAND RD
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTIN, GEORGIANN
Address: 23 ISLAND RD.
City-St-Zip: STUART, FL

Title: VP () Delete
Name: MAJEWSKI, TED
Address: 24 EAST HIGHT POINT
City-St-Zip: STUART, FL 34996

Title: ST () Delete
Name: PANTON, ELLEN J
Address: 17 BLAND RD.
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: MISER, SCOTT
Address: 21 ISLAND RD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: MILDENBERGER, JOHN
Address: 8 EAST HIGH POINT RD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: COTTON, STEPHANN
Address: 11 ISLAND RD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: PANTON, ELLEN J
Address: 17 ISLAND ROAD
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ELLEN PANTON

ST

04/02/2009

Electronic Signature of Signing Officer or Director

Date