

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26962

FILED
Jan 18, 2005
Secretary of State

Entity Name: ISLANDIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Mailing Address:

FEI Number: 59-2937231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELE NELSON BARKIN
NELSON & SELWITZ
1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119 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: DP () Delete
Name: MORGAN, MARVIN
Address: 123 WOOD IBIS CT.
City-St-Zip: DAYTONA BEACH, FL 32119

Title: DVP () Delete
Name: EVON, RAY
Address: 113 WOOD IBIS CT
City-St-Zip: DAYTONA BEACH, FL 32119

Title: STD () Delete
Name: SOLOMON, DOROTHY
Address: 109 MORNING DOVE CT.
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TILTON, BOB
Address: 101 WOOD IBIS CT.
City-St-Zip: DAYTONA BEACH, FL 32119

Title: DVP (X) Change () Addition
Name: MAUSER, TOM
Address: 129 MORNING DOVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: STD (X) Change () Addition
Name: SEMPLE, DON
Address: 131 WOOD IBIS
City-St-Zip: DAYTONA BEACH, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOM MAUSER

VP

01/18/2005

Electronic Signature of Signing Officer or Director

Date