

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26962

FILED  
Feb 11, 2008  
Secretary of State

**Entity Name:** ISLANDIA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1190 PELICAN BAY DR  
DAYTONA BEACH, FL 32119 US

**New Principal Place of Business:**

**Current Mailing Address:**

1190 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  
1190 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: SEMPLE, DON  
Address: 131 WOOD IBIS CT.  
City-St-Zip: DAYTONA BEACH, FL 32119

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

Title: STD ( ) Delete  
Name: ROGERS, BILL  
Address: 125 BROWN CRANE  
City-St-Zip: DAYTONA BEACH, FL 32119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: POLLARD, DICK  
Address: 129 BROWN CRANE CT.  
City-St-Zip: DAYTONA BEACH, FL 32119

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: DICK POLLARD

PD

02/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date