

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26969

FILED
Aug 29, 2008
Secretary of State

Entity Name: ISLAND GROVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

141 ISLAND GROVE DR.
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

130 ISLAND GROVE DR.
MERRITT ISLAND, FL 32952 US

Current Mailing Address:

141 ISLAND GROVE DR.
MERRITT ISLAND, FL 32952 US

New Mailing Address:

130 ISLAND GROVE DR.
MERRITT ISLAND, FL 32952 US

FEI Number: 59-2938129 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, NANCEE
141 ISLAND GROVE DR.
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

HICKS, HOLLY
130 ISLAND GROVE DR.
MERRITT ISLAND, FL 32952 US

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: HOLLY HICKS

08/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BROWN, NANCEE
Address: 141 ISLAND GROVE DR.
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: P () Delete
Name: DOLENTE, AL
Address: 161 ISLAND GROVE DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: RAHNER, MARK
Address: 151 ISLAND GROVE DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: HICKS, HOLLY
Address: 130 ISLAND GROVE DR.
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: P (X) Change () Addition
Name: LASTRAP, JOHNNIE
Address: 101 ISLAND GROVE DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP (X) Change () Addition
Name: ROSENBAUER, JIM
Address: 150 ISLAND GROVE DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

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: HOLLY HICKS

T

08/29/2008

Electronic Signature of Signing Officer or Director

Date