
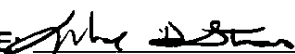


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90212 026 \*\*\*\*61.25

<b>DOCUMENT # N27227</b> 1. Entity Name ISLAND OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ISLAND OAKS PLACE MERRITT ISLAND, FL 32952 US			Mailing Address 1980 N. ATLANTIC AVE. 701 COCOA BEACH, FL 32931 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  DAVIS, PETEY 1980 N. ATLANTIC AVE., #701 COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, MARK			NAME	
STREET ADDRESS	435 RIVER GROVE CT.			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSEAU, RICK			NAME	
STREET ADDRESS	445 RIVER GROVE CT			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSSEUA, KIM			NAME	
STREET ADDRESS	415 ISLAND OAKS PLACE			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, HECTOR			NAME	
STREET ADDRESS	455 RIVER GROVE CT			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
<b>SIGNATURE</b> 				<b>4/20/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				779. 6938	
				Daytime Phone #	