2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

ANNUAL REPURI				Secretary or State	
DOCUMENT # N27227 1. Entity Name ISLAND OAKS HOMEOWNERS ASSOCIATION, INC.				03-31-2008 90013 027 ****61.25	
Principal Place of Business ISLAND OAKS PLACE MERRITT ISLAND, FL 32952 US MERRITT ISLAND, FL 32952 US MERRITT ISLAND, FL 32951 Mailing Address 1980 N. ATLANTIC AVE. 701 COCOA BEACH, FL 32931				40024040	
Principal Place of Business - No P.O. Box # Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name	The state of the s	
DAVIS, PETEY 1980 N. ATLANTIC AVE., #701 COCOA BEACH, FL 32931			Street Address	Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
the obligat	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election C	OTE: Registered Agent signature require campaign Financing d Contribution.	\$5.00 May Be Added to Fees **Torida Department of State	
10.	OFFICERS AND DII	RECTORS .	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENS, MARK 435 RIVER GROVE CT. MERRITT ISLAND, FL 32953	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Maddition of Island Oaks PL Tryth Island FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROUSSEAU, RICK 445 RIVER GROVE CT MERRITT ISLAND, FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROSSEUA, KIM 415 ISLAND OAKS PLACE MERRITT ISLAND, FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Schange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERRANO, HECTOR 455 RIVER GROVE CT MERRITT ISLAND, FL 32953	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	

12. I hereby certify that the information supplied with this filling 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 trustge empowered to execute this report as adjuved 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 the empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

AURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

Date

Daytime Phone #

☐ Change

☐ Change ☐ Addition

☐ Addition