

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90194 001 ****61.25

DOCUMENT # N29216 1. Entity Name ISLAND WALK AND ISLAND WALK EAST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5252 MONTSERRAT DR LAKELAND, FL 33813 US			Mailing Address P O BOX 1264 HIGHLAND CITY, FL 33846 US		
2. Principal Place of Business 5322 MONTSERRAT DR Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State LAKELAND FL		City & State LAKELAND FL		4. FEI Number 59-2915330	
Zip 33813		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNOLD, GEORGE M 5252 MONTSERRAT DR LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name SHIRLEY NELTON Street Address (P.O. Box Number is Not Acceptable) 5322 MONTSERRAT DR City LAKELAND FL Zip Code 33813		
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 <u><i>Shirley Nelson</i></u> DATE <u>4-8-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLUM, MICHELLE 5266 MONTSERRANT DR LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER CINDY JOHNSON 5250 MONTSERRAT DR LAKELAND FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SNYDER, JENNINE 5250 MONTSERRAT CT. LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RAY DYKES 5251 ST LUCIA DR. LAKELAND FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLENE, BELENKO 3379 ST. VINCENT TERRACE LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHIRLEY NELTON 5322 MONTSERRAT DR LAKELAND FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUTH, BURKETT 5358 MONTSERRAT DR. LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICK NESS 5210 ST LUCIA DR. LAKELAND FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, GEORGE M 5252 MONTSERRANT DR LAKELAND, FL 33813	<input type="checkbox"/> Delete	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, STEVEN 5345 ST. LUCIA DR. LAKELAND, FL 33813	<input type="checkbox"/> Delete	(Empty row for additions/changes)		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: <u><i>George M Arnold</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-8-05</u> Daytime Phone # <u>863-644-5701</u>		