

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90119 003 \*\*\*\*61.25

**DOCUMENT # N29216**

1. Entity Name

ISLAND WALK AND ISLAND WALK EAST HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business

5322 MONTERRAT DR  
LAKELAND FL 33813  
US

Mailing Address

P O BOX 1264  
HIGHLAND CITY FL 33846  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2915330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELTON, SHIRLEY  
5322 MONTERRAT DR  
LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Shirley Helton*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*3-21-06*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ~~SECRETARY~~ ☐ Delete  
NAME JOHNSON, CINDY  
STREET ADDRESS 5250 MONTERRAT DRIVE  
CITY-ST-ZIP LAKELAND FL 33813

TITLE ~~DIRECTOR~~ ☒ Delete  
NAME DYKES, RAY  
STREET ADDRESS 5251 ST. LUCIA DR.  
CITY-ST-ZIP LAKELAND FL 33813

TITLE ~~SECRETARY~~ ☐ Delete  
NAME HELTON, SHIRLEY  
STREET ADDRESS 5322 MONTERRAT DRIVE  
CITY-ST-ZIP LAKELAND FL 33813

TITLE ~~DIRECTOR~~ ☒ Delete  
NAME HESS, RICK  
STREET ADDRESS 5210 ST. LUCIA DRIVE  
CITY-ST-ZIP LAKELAND FL 33813

TITLE ~~SECRETARY~~ ☐ Delete  
NAME ARNOLD, GEORGE M  
STREET ADDRESS 5252 MONTERRAT DR  
CITY-ST-ZIP LAKELAND FL 33813

TITLE ~~DIRECTOR~~ ☐ Delete  
NAME SMITH, STEVEN  
STREET ADDRESS 5345 ST. LUCIA DR.  
CITY-ST-ZIP LAKELAND FL 33813

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *TRUSTEE*  
NAME *ROY GILLUM*  
STREET ADDRESS *5266 MONTERRAT DR*  
CITY-ST-ZIP *LAKELAND FL 33813*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE

*George M Arnold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/21/06*

*803-644-5701*