

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90022 041 \*\*\*\*61.25

**DOCUMENT # N29216**

1. Entity Name  
**ISLAND WALK AND ISLAND WALK EAST HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**5322 MONTERRAT DR  
LAKE LAND, FL 33813 US**

Mailing Address  
**P O BOX 1264  
HIGHLAND CITY, FL 33846 US**

40014034



2. Principal Place of Business - No P.O. Box #  
**5252 MONTERRAT DR**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202008 Chg-NP CR2E037 (12/06)

City & State  
**LAKE LAND FL**

City & State

4. FEI Number  
**59-2915330**

Applied For  
Not Applicable

Zip  
**33812**

Country  
**US**

Zip

Country

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

**ASEN, NOEL  
5115 ST. LUCIA DR  
LAKE LAND, FL 33812**

Name **JEANNE SOLOMON**

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

**5249 MONTERRAT CT**

City **LAKE LAND**

FL

Zip Code  
**33812**

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

*Jeanne Solomon*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-25-08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **D JOHNSON, CINDY**  
STREET ADDRESS **5250 MONTERRAT DRIVE**  
CITY-ST-ZIP **LAKE LAND, FL 33812**

TITLE ☒ Change ☐ Addition  
NAME **JOHN BARETTI**  
STREET ADDRESS **3322 ST. VINCENT TERRACE**  
CITY-ST-ZIP **LAKE LAND FL 33812**

TITLE ☐ Delete  
NAME **T GILLUM, ROY G**  
STREET ADDRESS **5266 MON BEZEAT DR**  
CITY-ST-ZIP **LAKE LAND, FL 33812**

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

TITLE ☐ Delete  
NAME **P ARNOLD, GEORGE M**  
STREET ADDRESS **5252 MONTERRANT DR**  
CITY-ST-ZIP **LAKE LAND, FL 33812**

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

TITLE ☐ Delete  
NAME **VP SMITH, STEVEN**  
STREET ADDRESS **5345 ST. LUCIA DR.**  
CITY-ST-ZIP **LAKE LAND, FL 33812**

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

TITLE ☒ Delete  
NAME **S NOEL, ASEN**  
STREET ADDRESS **5115 ST. LUCIA DR**  
CITY-ST-ZIP **LAKE LAND, FL 33812**

TITLE ☒ Change ☐ Addition  
NAME **S JEANNE SOLOMON**  
STREET ADDRESS **5249 MONTERRAT CT**  
CITY-ST-ZIP **LAKE LAND FL 33812**

TITLE ☐ Delete  
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 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

*George M Arnold President*