2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N32301

1. Entity Name
ISLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ISLAND COUNTRY ESTATES P.O. BOX 7923 JUPITER, FL 33458 US	ISLAND COUNTRY ESTATES P.O. BOX 7923 JUPITER, FL 33468-7923 US

DO NOT WRITE IN THIS SPACE

01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0122264

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIST, PETER E
7778 SE COUNTRY ESTATES WAY
JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

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 _____ PETER E. WRIST 02/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CURINGTON, NORMAN
STREET ADDRESS	18909 SE RED APPLE WAY
CITY-ST-ZIP	JUPITER, FL 334581045
TITLE	BMD
NAME	LEROSE, FRANK
STREET ADDRESS	7985 SE COUNTRY ESTATES WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	SDVP
NAME	WRIST, PETER E
STREET ADDRESS	7778 SE COUNTRY ESTATS WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	BMD
NAME	KEYES, RICHARD
STREET ADDRESS	7986 SE COUNTRY ESTATES WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000054464
02/16/04-80173-006 61.25

DO NOT WRITE IN THIS SPACE

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: _____ PETER E. WRIST 02/11/04 561 744 3407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #