

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N32301 1. Entity Name ISLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.	
--	---

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



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, DOUGLAS 7934 SE COUNTRY ESTATES WAY JUPITER, FL 334581045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD LEROSE, FRANK 7985 SE COUNTRY ESTATES WAY JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP WRIST, PETER E 7778 SE COUNTRY ESTATS WAY JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD KEYES, RICHARD 7986 SE COUNTRY ESTATES WAY JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMDT PAUL, ALICE 18856 SE RED APPLE LANE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000588606
01/17/07-80079-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alice Paul* Alice Paul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07 561-743-1029
Date Daytime Phone #