2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N32301

Entity Name: ISLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ISLAND COUNTRY ESTATES
P.O. BOX 7923
JUPITER, FL 33458 US

New Principal Place of Business:

ISLAND COUNTRY ESTATES
JUPITER, FL 33458 US

Current Mailing Address:

ISLAND COUNTRY ESTATES
P.O. BOX 7923
JUPITER, FL 334687923 US

New Mailing Address:

FEI Number: 65-0122264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PORTER, DOUGLAS	
Address:	7934 SE COUNTRY ESTATES WAY	
City-St-Zip:	JUPITER, FL 334581045	
Title:	BMD	( ) Delete
Name:	LEROSE, FRANK	
Address:	7985 SE COUNTRY ESTATES WAY	
City-St-Zip:	JUPITER, FL 33458	
Title:	SDVP	( ) Delete
Name:	WRIST, PETER E	
Address:	7778 SE COUNTRY ESTATS WAY	
City-St-Zip:	JUPITER, FL 33458	
Title:	BMD	( ) Delete
Name:	KEYES, RICHARD	
Address:	7986 SE COUNTRY ESTATES WAY	
City-St-Zip:	JUPITER, FL 33458	
Title:	BMDT	( ) Delete
Name:	PAUL, ALICE	
Address:	18856 SE RED APPLE LANE	
City-St-Zip:	JUPITER, FL 33458	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE PAUL BMDT 01/07/2009
Electronic Signature of Signing Officer or Director — Date