

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32301

FILED  
Mar 24, 2012  
Secretary of State

**Entity Name:** ISLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ISLAND COUNTRY ESTATES  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**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  
Name: PORTER, DOUGLAS  
Address: 7934 SE COUNTRY ESTATES WAY  
City-St-Zip: JUPITER, FL 334581045

Title: BMD  
Name: LEROSE, FRANK  
Address: 7985 SE COUNTRY ESTATES WAY  
City-St-Zip: JUPITER, FL 33458

Title: SDVP  
Name: WRIST, PETER E  
Address: 7778 SE COUNTRY ESTATS WAY  
City-St-Zip: JUPITER, FL 33458

Title: BMD  
Name: KEYES, RICHARD  
Address: 7986 SE COUNTRY ESTATES WAY  
City-St-Zip: JUPITER, FL 33458

Title: BMDT  
Name: PAUL, ALICE  
Address: 18856 SE RED APPLE LANE  
City-St-Zip: JUPITER, FL 33458

I hereby 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 all other like empowered.

SIGNATURE: ALICE B. PAUL

BMDT

03/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date