

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N34652 (0)**  
1. Corporation Name  
**ISLAND ESTATES NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**PO BOX 353338  
PALM COAST FL 32135  
US**

3. Date Incorporated or Qualified **10/11/1989** 3a. Date of Last Report **03/02/1995**  
4. FEI Number **59-2982566** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

## 9. Name and Address of Current Registered Agent

**WHITE, WILLIAM A. JR.  
4984 PALM COAST PWY NW #7  
PALM COAST FL 32137**

## 10. Name and Address of New Registered Agent

81 Name **William A. White**  
82 Street Address (P.O. Box Number is Not Acceptable) **Palm Coast Property Mgt**  
83 **296 Palm Coast Pwy NE**  
84 City **Palm Coast** FL 85 Zip Code **32137**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE *William A. White* 3-27-96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS ☐ DELETE  
TITLE DP  
NAME ARBERG, LEE  
STREET ADDRESS ONE CORPORATE DR.  
CITY-ST-ZIP PALM COAST FL  
TITLE DV ☐ DELETE  
NAME BUTLER, SAM  
STREET ADDRESS ONE CORPORATE DR.  
CITY-ST-ZIP PALM COAST FL  
TITLE DST ☐ DELETE  
NAME TUBBS, STEVE  
STREET ADDRESS ONE CORPORATE DR.  
CITY-ST-ZIP PALM COAST FL  
TITLE D ☒ DELETE  
NAME BRATTOF, HERBERT  
STREET ADDRESS 9 CAPRI COURT  
CITY-ST-ZIP PALM COAST FL  
TITLE D ☒ DELETE  
NAME YOUNG, ROBERT R  
STREET ADDRESS 44 MEDFORD DR  
CITY-ST-ZIP PALM COAST FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME **THOMAS MIKLOS**  
43 STREET ADDRESS **6 CAPRI COURT**  
44 CITY-ST-ZIP **PALM COAST, FL**  
51 TITLE ☐ Change ☒ Addition  
52 NAME **BARBARA HULLEY**  
53 STREET ADDRESS **11 CAPRI COURT**  
54 CITY-ST-ZIP **PALM COAST, FL**  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lee W. Arberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)