

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34652

1. Corporation Name

ISLAND ESTATES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

PO BOX 353338  
PALM COAST FL 32135  
US

Mailing Address

PO BOX 353338  
PALM COAST FL 32135  
US



FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90100 003 \*\*\*\*61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 PO Box 352241		26 PO Box 352241		10/11/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2982566	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

WHITE, WILLIAM A  
PALM COAST PROPERTY MGT  
296 PALM COAST PWY NE  
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name	S. NEGRON	
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARO, NICK	1.2 NAME	
STREET ADDRESS	ONE CORPORATE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VDP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, SAM	2.2 NAME	VICKI DELAUGHTER
STREET ADDRESS	ONE CORPORATE DR.	2.3 STREET ADDRESS	ONE CORPORATE DR.
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	PALM COAST, FL 32151
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ROOT, DAVE	3.2 NAME	
STREET ADDRESS	ONE CORPORATE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKLOS, THOMAS	4.2 NAME	ROBERT GREENBERG
STREET ADDRESS	6 CAPRI COURT	4.3 STREET ADDRESS	106 ISLAND ESTATES PWY
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLEY, BARBARA	5.2 NAME	COSMO DIPERNA
STREET ADDRESS	11 CAPRI COURT	5.3 STREET ADDRESS	5 ISLAND ESTATES PWY
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (11/98)