
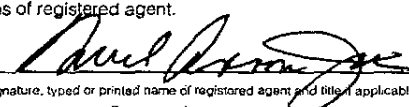
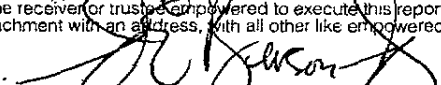


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34652</b> 1. Entity Name ISLAND ESTATES NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business PO BOX 352241 PALM COAST FL 32135 US			Mailing Address PO BOX 352241 PALM COAST FL 32135 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2982566</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANNON, FRED JR. %PALM COAST PROPERTY MGMT. 7 FLORIDA PARK DR. N. -STE C PALM COAST FL 32137				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
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)					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	D PENDLETON, TERRY <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	VPD DELK, VAUGHAN E <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	DS WOLF, TOM <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	PD RYERSON, JERRY <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	D DIPERNA, COSMO <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	TD HAMILTON, RICHARD J.M. <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
U00000063765 02/23/04-80170-022 61.25					
12. 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					