

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90021 043 ****61.25

40045111



02202006 Chg-NP CR2E037 (11/05)

DOCUMENT # N34652 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			
Zip	Country	Zip	Country		
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 Lea A. Stokes, Preferred MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 109 S. 6th St. Ste. 100 City Flagler Beach FL Zip Code 32136		
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		DATE 3/24/06			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, RICHARD P O BOX 352241 PALM COAST, FL 32135	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRATTLOF, HERBERT P O BOX 352241 PALM COAST, FL 32135	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ABERNATHY, ADA PO BOX 352241 PALM COAST, FL 32135	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUBER, WILLIAM PO BOX 352241 PALM COAST, FL 32135	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KENNEDY, KEVIN PO BOX 352241 PALM COAST, FL 32135	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aiello, BRUCE 83 Island Estates Pkwy. Palm Coast, FL 32137	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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					
Date: 4/3/06 Daytime Phone #: (386) 446-9446					