

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34652

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** ISLAND ESTATES NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

109 S 6TH STREET  
SUITE 200  
FLAGLER BEACH, FL 32136 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 352241  
PALM COAST, FL 32135

**New Mailing Address:**

**FEI Number:** 59-2982566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHRISTINE & CHRISTINE, P.A.  
28 CORDOVA STREET  
ST. AUGUSTINE, FL 32084 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: TD ( ) Delete  
Name: HAMILTON, RICHARD  
Address: P O BOX 352241  
City-St-Zip: PALM COAST, FL 32135

Title: VPD ( ) Delete  
Name: BRATTLOF, HERBERT  
Address: P O BOX 352241  
City-St-Zip: PALM COAST, FL 32135

Title: DS ( ) Delete  
Name: ABERNATHY, ADA  
Address: PO BOX 352241  
City-St-Zip: PALM COAST, FL 32135

Title: PD ( ) Delete  
Name: HUBER, WILLIAM  
Address: PO BOX 352241  
City-St-Zip: PALM COAST, FL 32135

Title: D ( ) Delete  
Name: AIELLO, BRUCE  
Address: 83 ISLAND ESTATES PKWY  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: MIKE, MCCABE  
Address: 149 ISLAND ESTATES PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: VPD (X) Change ( ) Addition  
Name: AIELLO, BRUCE  
Address: 83 ISLAND ESTATES PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: DS (X) Change ( ) Addition  
Name: KENNEDY, KEVIN  
Address: 57 ISLAND ESTATES PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCFARLAN, DAN  
Address: 49 ISLAND ESTATES PARKWAY  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIKE MCCABE

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04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date