

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N37045

1. Entity Name
ISLAND COVE CONDOMINIUM ASSOCIATION, INC.



FILED

06 AUG 21 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**% WALTER J. STAMPLEY
343 N. TROPICAL A408
MERRITT ISLAND, FL 32953 US**

Mailing Address
**% WALTER J. STAMPLEY
343 N. TROPICAL A408
MERRITT ISLAND, FL 32953 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

08152006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2997978

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STAMPLEY, WALTER J
343 N. TROPICAL A408
MERRITT ISLAND, FL 32953**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	BENNETT, THERESA	
STREET ADDRESS	333 N TROPICAL TR B107	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FOSS, RANDY	
STREET ADDRESS	343 N. TROPICAL TRAIL, 208	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DEAN, DONNA	
STREET ADDRESS	333 N TROPICAL TRL, B106	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SEIBERT, MARK	
STREET ADDRESS	333 N TROPICAL TRL, B102	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STAMPLEY, WALTER	
STREET ADDRESS	343 N. TROPICAL TRAIL #A201	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, THERESA	
STREET ADDRESS	333 N. TROPICAL TRAIL, B107	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSS, RANDY	
STREET ADDRESS	343 N. TROPICAL TRAIL, A208	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, DONNA	
STREET ADDRESS	333 N. TROPICAL TRL, B106	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERLONG, DAVE	
STREET ADDRESS	343 N. TROPICAL TRAIL, A204	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMPLEY, WALTER	
STREET ADDRESS	343 N. TROPICAL TRAIL, A201	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Walter J. Stampley **WALTER J. STAMPLEY** 8/15/06 321-454-4118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

208/22