

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37045

FILED
Apr 15, 2009
Secretary of State

Entity Name: ISLAND COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2997978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMPLEY, WALTER J
343 N. TROPICAL A408
MERRITT ISLAND, FL 32953 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: S () Delete
Name: BENNETT, THERESA
Address: 333 N TROPICAL TRAIL, B107
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: VP () Delete
Name: DEAN, DONNA
Address: 333 N TROPICAL TRAIL, B106
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: P () Delete
Name: HERLONG, DAVE
Address: 343 N. TROPICAL TRAIL, A204
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: T () Delete
Name: STAMPLEY, WALTER
Address: 343 N. TROPICAL TRAIL #A201
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D () Delete
Name: LLYOD, ROBERT
Address: 343 N. TROPICAL TRAIL, A407
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: WALTER J STAMPLEY

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date