

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37117

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** ISLANDER 12 ASSOCIATION, INC.

**Current Principal Place of Business:**

1289 NE OCEAN BLVD  
STUART, FL 34996 US

**New Principal Place of Business:**

969 SOUTH FEDERAL HIGHWAY  
SUITE #401  
STUART, FL 34994 US

**Current Mailing Address:**

P.O. BOX 1827  
STUART, FL 349951827 US

**New Mailing Address:**

969 SOUTH FEDERAL HIGHWAY  
SUITE #401  
STUART, FL 34994 US

**FEI Number:** 59-1661023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSS, DEBRAH L ESQ  
759 S FEDERAL HWY STE 212  
STUART, FL 34994 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: PD  
Name: BARNETT, MARC  
Address: 1800 SUNSET HARBOUR DRIVE #2303  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP  
Name: MCCARTHY, JAMES  
Address: P.O. BOX 405  
City-St-Zip: SHELTER ISLAND HEIGHTS, NY 11965

Title: T  
Name: FEUERBERG, PAUL  
Address: 8552 SHADOW WOOD BLVD  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S  
Name: LYNN, SHERRY  
Address: 1800 SUNSET HARBOUR DR #2302  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: MARC BARNETT

PD

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date