FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:35

DOCUMENT # **N37602** (2)

1. Corporation Name
ISLANDERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LIZ INNISS 118 ICHABOD TRAIL LONGWOOD FL 32750 US	C/O LIZ INNISS 118 ICHABOD TRAIL LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1990
3a. Date of Last Report: 08/24/1994
4. FEI Number: 59-3031932 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INNISS, LIZ
118 ICHABOD TRAIL
LONGWOOD FL 32712-3275

10. Name and Address of New Registered Agent

81 Name: MARY O'CONNOR.
82 Street Address (P.O. Box Number is Not Acceptable): 1707 RUTLEDGE COURT
83
84 City: LONGWOOD FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	INNISS, LIZ	12 NAME	
STREET ADDRESS	118 ICHABOD TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	O'CONNOR, ROGER	22 NAME	
STREET ADDRESS	1311 MYRTLE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	FOJO, DAVID	32 NAME	
STREET ADDRESS	696 YOUNGSTOWM PKWAY # 31B	33 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	O'CONNOR, MARY	42 NAME	
STREET ADDRESS	1707 RUTLEDGE COURT	43 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MAINGOT, DENISE	52 NAME	
STREET ADDRESS	191 SHERIDAN AVE	53 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MORGAN, KATHY	62 NAME	
STREET ADDRESS	663 BIRGHAM PLACE	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ELIZABETH INNISS 4/5/95 407-644-9244
SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031837