


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90017 025 ****61.25

DOCUMENT # N43242

1. Entity Name
ISLAND POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1130 CHASE DR.
 WINTER GARDEN, FL 34787**

Mailing Address
**PO BOX 770824
 WINTER GARDEN, FL 34787**

2. Principal Place of Business
1026 ISLAND POINTE DR

3. Mailing Address
P.O. BOX 770824

Suite, Apt. #, etc.

City & State
WINTER GARDEN, FL

City & State
WINTER GARDEN, FL


Zip
34787

Country
USA

Zip
34787

Country
USA

40021011



01312005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3110636

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CANTRELL, JANET
 1130 CHASE DR.
 WINTER GARDEN, FL 34787**

7. Name and Address of New Registered Agent

Name
SCOTT PENVOSE

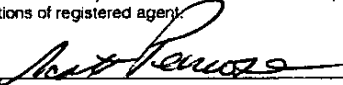
Street Address (P.O. Box Number is Not Acceptable)
1026 ISLAND POINTE DR

City
WINTER GARDEN

FL

Zip Code
34787

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  **Scott Penvose President 2-10-05**

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

Filing Fee is **\$81.25**
 Due by **May 1, 2005**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, CARL D	
STREET ADDRESS	1040 CHASE DR.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GUSTAFSON, SHIRLEY	
STREET ADDRESS	1024 SADIE LN	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KIRK, PAMELA	
STREET ADDRESS	1030 CHASE DR	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CANTRELL, JANET	
STREET ADDRESS	1130 CHASE DRIVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLUHARTY, ANN	
STREET ADDRESS	1023 SADLE LN	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT PENVOSE	
STREET ADDRESS	1026 ISLAND POINTE DR	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM THOMAS	
STREET ADDRESS	950 CHASE COURT	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARAINÉ CARLILE	
STREET ADDRESS	1110 CHASE DR	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGGETTE COLEMAN	
STREET ADDRESS	1057 ISLAND POINTE DR	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEANNA KOPPINGER	
STREET ADDRESS	1080 CHASE DR	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
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 exemption stated in Section 119.07(3)(i), 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:  **Scott Penvose President 2-10-05**

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

321-436-9370