2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State
02-25-2005 90157 016 ****61.25

DOCUMENT # N49090

1. Entity Name
ISLANDVIEW BEACH HOMEOWNER'S ASSOCIATION, INC.

50019335

Principal Place of Business	Mailing Address
7 ISLANDVIEW DR. MARY ESTHER, FL 32569 US	7 ISLANDVIEW DR. MARY ESTHER, FL 32569 US

01202005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3125642 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOLVERTON, MARGARET V TREASUR
7 ISLANDVIEW DR.
MARY ESTHER, FL 32569

7. Name and Address of New Registered Agent

Name Ronald W Wolverton TSD
Street Address (P.O. Box Number is Not Acceptable) 7 Islandview Dr.
City Mary Esther FL Zip Code 32569

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 Ronald W Wolverton 2-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PIROGOWICZ, JOE 14 ISLANDVIEW DR. MARY ESTHER, FL 32569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD L.A. Woodall 9 Islandview Dr. Mary Esther FL 32569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CREW, JILL 11 ISLANDVIEW DR MARY ESTHER, FL 32569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Gary Spencer 12 Islandview Dr. Mary Esther FL 32569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAYMAN, SALLY 8 ISLANDVIEW DR. MARY ESTHER, FL 32569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD Ronald W Wolverton 7 Islandview Dr. Mary Esther, FL 32569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bill Brown 3 Islandview Dr. Mary Esther FL 32569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joe Pirogowicz 14 Islandview Dr. Mary Esther FL 32569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 2-23-05 (850) 685-2412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #