

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90295 019 ****61.25

DOCUMENT # N49090

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



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

Mailing Address
**7 ISLANDVIEW DR.
MARY ESTHER, FL 32569 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**WOLVERTON, RONALD W TSD
7 ISLANDVIEW DR.
MARY ESTHER, FL 32569**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2006**

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
**PD
WOODALL, L.A.
9 ISLANDVIEW DR
MARY ESTHER, FL 32569** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Ronald Wolverson
7 Islandview Dr.
Mary Esther, FL 32569** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SPENCER, GARY
12 ISLANDVIEW DR
MARY ESTHER, FL 32569** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Joe Zappa
1 Islandview Dr.
Mary Esther, FL 32569** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSD
WOLVERTON, ROBALD W
7 ISLANDVIEW DR
MARY ESTHER, FL 32569** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Abby marris
4 Islandview Dr.
Mary Esther, FL 32569** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, BILL
3 ISLANDVIEW DR
MARY ESTHER, FL 32569** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Sally Layman
8 Islandview Dr.
Mary Esther, FL 32569** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PIROGOWICZ, JOE
14 ISLANDVIEW DR
MARY ESTHER, FL 32569** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #