
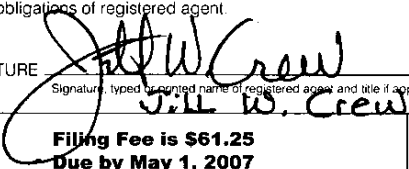
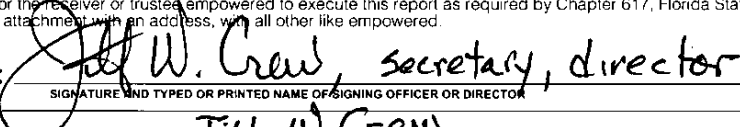


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90005 001 ****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 - No P.O. Box # 11 Islandview Dr.		3. Mailing Address 11 Islandview Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Mary Esther		City & State Mary Esther	
Zip 32569		Zip 32569	
Country		Country	
6. Name and Address of Current Registered Agent WOLVERTON, RONALD W TSD 7 ISLANDVIEW DR. MARY ESTHER, FL 32569		7. Name and Address of New Registered Agent Name Jill W. Crew Street Address (P.O. Box Number is Not Acceptable) 11 Islandview Drive 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  Jill W. Crew DATE 3-15-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD WOLVERTON, RONALD 7 ISLANDVIEW DR MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Abby Marrs 4 Islandview Dr. Mary Esther, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZUPPA, JOE 1 ISLANDVIEW DR MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Treasurer, Director Jill W. Crew 11 Islandview Dr. Mary Esther, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WOLVERTON, ROBOLD W 7 ISLANDVIEW DR MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mike H. Crew 11 Islandview Dr. Mary Esther, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYNON, SALLY 8 ISLANDVIEW DR MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIROGULICE, JOE 14 ISLANDVIEW DR MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Jill W. Crew <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-15-07 Daytime Phone # 850-244-0400	