2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N49090

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

Current Principal Place of Business:

11 ISLANDVIEW DR.
MARY ESTHER, FL 32569 US

New Principal Place of Business:

Current Mailing Address:

11 ISLANDVIEW DR.
MARY ESTHER, FL 32569 US

New Mailing Address:

FEI Number: 59-3125642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CREW, JILL W
11 ISLANDVIEW DR.
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARRS, ABBY
Address: 4 ISLANDVIEW DR
City-St-Zip: MARY ESTHER, FL 32569

Title: STD ( ) Delete
Name: CREW, JILL W
Address: 11 ISLANDVIEW DR
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete
Name: CREW, MIKE H
Address: 11 ISLANDVIEW DR
City-St-Zip: MARY ESTHER, FL 32569

Title: VPD ( ) Delete
Name: MOORE, SCOTT
Address: 3 ISLANDVIEW DR
City-St-Zip: MARY ESTHER, FL 32569

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: BROWNFIELD, STACY
Address: 10 ISLANDVIEW DR
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Change (X) Addition
Name: WOLVERTON, RON
Address: 7 ISLANDVIEW DR
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL W. CREW STD 04/15/2009

Electronic Signature of Signing Officer or Director — Date