# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2009**
**Secretary of State**

DOCUMENT# N51103

**Entity Name:** ISLAND VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 373057
INDIAN HARBOUR BEACH, FL 32937 US

**New Principal Place of Business:**

523 ISLAND COURT
INDIAN HARBOUR BEACH, FL 32937 US

**Current Mailing Address:**

P.O. BOX 373057
INDIAN HARBOUR BEACH, FL 32937 US

**New Mailing Address:**

P.O. BOX 373057
INDIAN HARBOUR BEACH, FL 32937

**FEI Number: 59-3149693** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALLANTYNE, RICHARD
523 ISLAND COURT
INDIAN HARBOUR BEACH, FL 32937 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: T ( ) Delete
Name: JAMES, CHRISTIE
Address: 517 ISLAND COURT
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: PD ( ) Delete
Name: BALLANTYNE, RICHARD
Address: 523 ISLAND CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: YOUNGKIN, JOSEPH
Address: 535 ISLAND COURT
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: ARUNDEL, MORGAN
Address: 527 ISLAND COURT
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

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

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

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: KIMBERLEY NICHOLAS MS. 04/16/2009

Electronic Signature of Signing Officer or Director — Date