
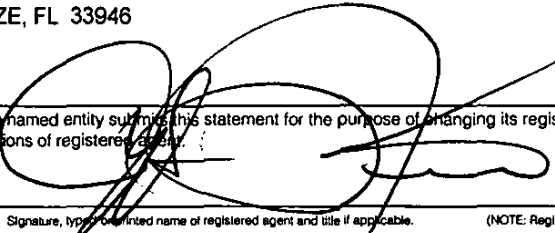
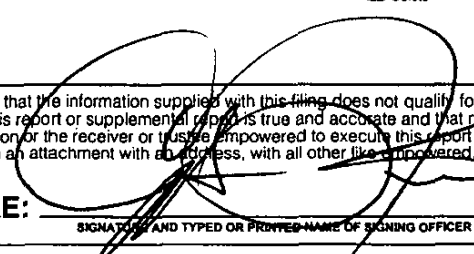


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90328 043 ****61.25

DOCUMENT # N94000004421 1. Entity Name ISLAND PARK CO-OP, INC.					
Principal Place of Business 7092 PLACIDA ROAD CAPE HAZE, FL 33946			Mailing Address 7092 PLACIDA ROAD CAPE HAZE, FL 33946		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent TAYLOR, KEN CRAIG REMOUR 7092 PLACIDA RD CAPE HAZE, FL 33946				7. Name and Address of New Registered Agent Name CRAIG REMOUR Street Address (P.O. Box Number is Not Acceptable) 7092 PLACIDA RD City CAPE HAZE, FL Zip Code 33946	
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, type 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. <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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKSTEAD, DEAN		NAME		
STREET ADDRESS	7092 PLACIDA ROAD		STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE, FL 33946		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FITZSIMMONS, TIM		NAME		
STREET ADDRESS	95 GREEN DOLPHIN DR		STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE, FL 33946		CITY-ST-ZIP		
TITLE	Sec.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOE SPRODES		NAME		
STREET ADDRESS	P.O. Box 3484		STREET ADDRESS		
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESTHER DEQUEVAIN		NAME		
STREET ADDRESS	P.O. Box 5316		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 information.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4-19-06 Daytime Phone # (941) 697-1920					