

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004421

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: ISLAND PARK CO-OP, INC.

## Current Principal Place of Business:

7092 PLACIDA ROAD  
CAPE HAZE, FL 33946

## New Principal Place of Business:

7092 PLACIDA ROAD  
CAPE HAZE, FL 33946 US

## Current Mailing Address:

7092 PLACIDA ROAD  
CAPE HAZE, FL 33946

## New Mailing Address:

7092 PLACIDA ROAD  
CAPE HAZE, FL 33946 US

FEI Number: 59-3265683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REMOUR, CRAIG  
7092 PLACIDA RD  
CAPE HAZE, FL 33946 US

## Name and Address of New Registered Agent:

REMOUR, CRAIG A  
7092 PLACIDA RD  
CAPE HAZE, FL 33946 US

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: CRAIG A. REMOUR

04/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BECKSTEAD, DEAN  
Address: 7092 PLACIDA ROAD  
City-St-Zip: CAPE HAZE, FL 33946

Title: S ( ) Delete  
Name: SRODES, JOEL  
Address: PO BOX 3484  
City-St-Zip: PLACIDA, FL 33946

Title: T (X) Delete  
Name: DEQUERMAN, ESTHER  
Address: PO BOX 5316  
City-St-Zip: ENGLEWOOD, FL 34224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BECKSTEAD, DEAN  
Address: 7092 PLACIDA ROAD  
City-St-Zip: CAPE HAZE, FL 33946 US

Title: T (X) Change ( ) Addition  
Name: DEQUERVAIN, ESTHER  
Address: PO BOX 5316  
City-St-Zip: ENGLEWOOD, FL 34224 US

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: CRAIG A. REMOUR

MGR

04/09/2009

Electronic Signature of Signing Officer or Director

Date