

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

**FILED**  
**Feb 27, 2007 08:00 A**  
**Secretary of State**

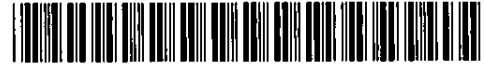
**DOCUMENT # N95000000118**

**1. Entity Name**  
ISLE OF PALMS COMMUNITY ASSOCIATION, INC.



**Principal Place of Business**  
14286-19 BEACH BLVD  
JACKSONVILLE BEACH, FL 32250

**Mailing Address**  
14286-19 BEACH BLVD  
JACKSONVILLE BEACH, FL 32250



02202007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3281631

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

TRBOVICH, GARY G  
14553 LUTH DR. N.  
SUITE 2902  
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE  
IN THIS SPACE**

**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, typed 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, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DP  
WOLFE, PATRICIA  
3550 EUNICE RD  
JACKSONVILLE BCH, FL

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DVP  
PALMER, DON  
14524 LUTH DR.  
JACKSONVILLE BEACH, FL

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DT  
TRBOVICH, GARY  
14553 LUTH DR. N.  
JACKSONVILLE BEACH, FL

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DS  
BRADY, ELYSE  
3550 EUNICE RD  
JACKSONVILLE BEACH, FL

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

000000650097  
03/07/07-80074-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:** Gary Trbovich GARY TRBOVICH

2/22/07

Date

904 662-1885

Daytime Phone #