2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N95000000118

Entity Name: ISLE OF PALMS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

14286-19 BEACH BLVD
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

14286-19 BEACH BLVD
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3281631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRBOVICH, GARY G
14553 LUTH DR. N.
SUITE 2902
JACKSONVILLE BEACH, FL 32250 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: DP ( ) Delete
Name: WOLFE, PATRICIA
Address: 3550 EUNICE RD
City-St-Zip: JACKSONVILLE BCH, FL

Title: DVP ( ) Delete
Name: PALMER, DON
Address: 14524 LUTH DR.
City-St-Zip: JACKSONVILLE BEACH, FL

Title: DT ( ) Delete
Name: TRBOVICH, GARY
Address: 14553 LUTH DR. N.
City-St-Zip: JACKSONVILLE BEACH, FL

Title: DS ( ) Delete
Name: BRADY, ELYSE
Address: 3550 EUNICE RD
City-St-Zip: JACKSONVILLE BEACH, FL

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: ( ) 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: GARY G TRBOVICH DT 02/04/2009

Electronic Signature of Signing Officer or Director — Date