

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90123 029 ****61.25

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1. Entity Name

**ISLESWORTH AT MARTIN DOWNS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 2446
PALM CITY FL 34991

Mailing Address

P.O. BOX 2446
PALM CITY FL 34991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3309038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOOGE, HOWARD E JR ESQ.
401 EAST OSCEOLA STREET
STUART FL 34994

7. Name and Address of New Registered Agent

Name **Deborah L. Ross, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

759 South Federal Highway (SUITE 212)

City **STUART**

FL

Zip Code
34994

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when restate)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROHON, DENNIS**
STREET ADDRESS **3183 SW MARCO LANE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VPD** ☐ Delete
NAME **JERANSKY, JENNIFER**
STREET ADDRESS **3063 SW MARCO LN**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **SD** ☐ Delete
NAME **JACOBUS, PHILLIP R**
STREET ADDRESS **2481 SW ESTELLA TERRACE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete
NAME **DUCKSON, SCOTT**
STREET ADDRESS **3103 SW MARCO LANE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **TD** ☐ Delete
NAME **GRAVES, ROBERT**
STREET ADDRESS **2641 SW ESTELLA TERRACE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dennis M. Rohon, President 2/2/05