2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-08-2004 90050 037 ****61.25

DOCUMENT # N95000002693

1. Entity Name
ISLAND CAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3900 S FLORIDA AVE LAKELAND, FL 33813	430 ISLAND CAY WAY APOLLO BEACH, FL 33572

04212004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
430 Island Cay Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apollo Beach FL	City & State
Zip: 33572 Country	Zip Country

4. FEI Number 59-3322602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORBETT, R. DENNIS 3900 S FLORIDA AVE LAKELAND, FL 33813	Name McNeely, John Street Address (P.O. Box Number is Not Acceptable) 430 Island Cay Way City Apollo Beach FL Zip Code 33572

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: _____ 4/22/04
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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCNEELY, JOHN 430 ISLAND CAY WAY APOLLO BEACH, FL 33572	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CONNOLLY, BILL 415 ISLAND CAY WAY APOLLO BEACH, FL 33572	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LYNCH, ALLEN 406 ISLAND CAY WAY APOLLO BEACH, FL 33572	☐ Delete	STD THORN, STACEY L. 413 Island Cay Way Apollo Beach FL 33572	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #