

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90246 041 \*\*\*\*61.25

**DOCUMENT # N95000002693**

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



Principal Place of Business  
**413 ISLAND CAY WAY  
APOLLO BEACH, FL 33572**

Mailing Address  
**413 ISLAND CAY WAY  
APOLLO BEACH, FL 33572**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-NP CR2E037 (12/06)

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

**THORN, STACEY L  
413 ISLAND CAY WAY  
APOLLO BEACH, FL 33572**

Name **STACEY L. VOJIK**

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

**413 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

*Stacey L. Vojik*

**STACEY L VOJIK**

**1-4-07**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	426 ISLAND CAY WAY	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FLAIR, DOROTHY	
STREET ADDRESS	427 ISLAND CAY WAY	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	STD	<input type="checkbox"/> Delete
NAME	THORN, STACEY L	
STREET ADDRESS	413 ISLAND CAY WAY	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOJIK, STACEY L	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Stacey L. Vojik*

**STACEY L VOJIK**

**1-4-07**

**813-641-0260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #