

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001569

FILED
Apr 08, 2009
Secretary of State

Entity Name: ISLAND COVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6700 LONE OAK BLVD
NAPLES, FL 34109 US

New Principal Place of Business:

1505 PELICAN MARSH BLVD
NAPLES, FL 34108 US

Current Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0665635 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT, INC.
6700 LONE OAK BLVD
NAPLES, FL 34109 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: P () Delete
Name: D'AMELIO, JOHN
Address: 2300 ISLAND COVE CIR
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: ARNOLD, CHRISTINE
Address: 2325 ISLAND COVE CIR.
City-St-Zip: NAPLES, FL 34109

Title: S/T () Delete
Name: UMBACH, BUD
Address: 2285 ISLAND COVE CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: SUTTON, ED
Address: 2259 ISLAND COVE CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: SABEL, RICHARD
Address: 2264 ISLAND COVE CIRCLE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: UMBACH, BUD
Address: 2285 ISLAND COVE CIR.
City-St-Zip: NAPLES, FL 34109

Title: S/T (X) Change () Addition
Name: LUKOWIAK, RON
Address: 2232 ISLAND COVE CIRCLE
City-St-Zip: NAPLES, FL 34109

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: BYRON ROSS

MGR

04/08/2009

Electronic Signature of Signing Officer or Director

Date