

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90032 017 ****61.25

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|---|-----------------------------|--|---|--|--|
| DOCUMENT # N96000005043 | | | | | |
| 1. Entity Name ISLAND VILLAGE OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business % STEVENS 2068 VILLAGE LANE FERNANDINA BEACH, FL 32034 US | | | Mailing Address PO BOX 15543 FERNANDINA BEACH, FL 32035 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3426818 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ISLAND VILLAGE HOMEOWNERS ASSOC. 2068 VILLAGE LANE FERNANDINA BEACH, FL 32034 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 <u>Elizabeth R. Stevens, Sec/Treasurer</u> <u>2-14-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | WEBBER, JUDITH | | | | |
| STREET ADDRESS | 2058 VILLAGE LANE | | | | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | | |
| NAME | STEWART, JAMES | | | | |
| STREET ADDRESS | 2035 VILLAGE LANE | | | | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | | |
| NAME | PARKS, MARTY | | | | |
| STREET ADDRESS | 2042 VILLAGE LANE | | | | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | | |
| NAME | FINKLE, JOHN | | | | |
| STREET ADDRESS | 2061 VILLAGE LANE | | | | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | STEVENS, ELIZABETH | | | | |
| STREET ADDRESS | 2068 VILLAGE LANE | | | | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | SMITH, RICHARD | | | | |
| STREET ADDRESS | 2932 ROBERT OLIVER AVENUE | | | | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | BARBARA H. DUNN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | 2055 VILLAGE LANE | | | | |
| STREET ADDRESS | FERNANDINA BEACH, FL 32034 | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | GIBSON KURTZ | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | 2061 VILLAGE LANE | | | | |
| STREET ADDRESS | FERNANDINA BEACH, FL 32034 | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | JUDY MORGAN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | 2035 VILLAGE LANE | | | | |
| STREET ADDRESS | FERNANDINA BEACH, FL 32034 | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | RONNIE ROGERS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | 2016 VILLAGE LANE | | | | |
| STREET ADDRESS | FERNANDINA, BEACH, FL 32034 | | | | |
| 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: <u>Elizabeth R. Stevens, Sec/Treas</u> <u>2/14/06</u> <u>904 2774826</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |