


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90031 040 \*\*\*\*61.25

<b>DOCUMENT # N96000005043</b>	
1. Entity Name <b>ISLAND VILLAGE OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>% STEVENS 2068 VILLAGE LANE FERNANDINA BEACH, FL 32034 US</b>	Mailing Address <b>PO BOX 15543 FERNANDINA BEACH, FL 32035 US</b>
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2. Principal Place of Business - No P.O. Box # <b>0/0 J. Thompson</b>	3. Mailing Address <b>Suite, Apt. #, etc. 2054 Village Lane</b>
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01302007 Chg-NP CR2E037 (12/06)

City & State <b>Fernandina Beach, FL</b>	City & State <b>Fernandina Beach, FL</b>
Zip <b>32034</b>	Country <b>US</b>

4. FEI Number <b>59-3426818</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ISLAND VILLAGE HOMEOWNERS ASSOC. 2068 VILLAGE LANE FERNANDINA BEACH, FL 32034</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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: Janet Thompson Sec/Treasurer DATE: 1/30/2007  
(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D WEBBER, JUDITHA 2058 VILLAGE LANE FERNANDINA BEACH, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D GIBSON, KURTZ 2051 VILLAGE LN FERNANDINA BEACH, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D MORGAN, JUDY 2035 VILLAGE LN FERNANDINA BEACH, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D ROGERS, RONNIE 2018 VILLAGE LN FERNANDINA BEACH, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D STEVENS, ELIZABETH 2068 VILLAGE LANE FERNANDINA BEACH, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D SMITH, RICHARD 2932 ROBERT OLIVER AVENUE FERNANDINA BEACH, FL 32034</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Barbara Dunn 2055 Village Lane Fernandina Beach, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Janet Thompson 2054 Village Lane Fernandina Beach, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D David Vigh 2018 Village Lane Fernandina Beach, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Robert Swan 2044 Village Lane Fernandina Beach, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janet Thompson Janet Thompson, Sec/Treas DATE: 1/30/2007 DAYTIME PHONE: 904-277-7686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-491-5801