

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000041

FILED
Apr 23, 2007
Secretary of State

Entity Name: ISLAND PRINCESS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

520 SANTA ROSA BLVD.
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

520 SANTA ROSA BLVD.
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3602841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND F JR.
BECKER & POLIAKOFF, P.A.
348 MIRACLE STRIP PKWY, SW STE 7
FORT WALTON BEACH, FL 32548 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: CORONA, DAVID
Address: 8633 TRAILWOOD
City-St-Zip: BATON ROUGE, LA 70810

Title: D () Delete
Name: MUSGROVE, PATRICIA
Address: 118 LISA MARIE PLACE
City-St-Zip: SHALIMAR, FL 32579

Title: VD () Delete
Name: CARRAWAY, KELLI
Address: 5845 BROOKSTONE WALK
City-St-Zip: ACWORTH, GA 30101

Title: D () Delete
Name: HUNT, EDWINA
Address: 4 COUNTRY CLUB COURT
City-St-Zip: SHALIMAR, FL 32579

Title: S () Delete
Name: JOHNSON, KIM
Address: 4745 SPRING PARK CIRCLE
City-St-Zip: SUWANNE,, GA 30024

Title: TD () Delete
Name: MYATT, DEBRA
Address: 520 SANTA ROSA BLVD
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MUSGROVE, GARY
Address: 118 LISA MARIE PLACE
City-St-Zip: SHALIMAR, FL 32579

Title: VD (X) Change () Addition
Name: CARRAWAY, DAVID
Address: 5845 BROOKSTONE WALK
City-St-Zip: ACWORTH, GA 30101

Title: D (X) Change () Addition
Name: DOUGLAS, PHILLIP
Address: 420 WILDER TERRACE
City-St-Zip: MARIETTA, GA 30064

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 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: DEBBIE FOWNER

MGR

04/23/2007

Electronic Signature of Signing Officer or Director

Date