

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004011

FILED
Mar 30, 2009
Secretary of State

Entity Name: ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2750 NE 185TH STREET
SUITE. 301
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2750 NE 185TH STREET
SUITE 301
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0855725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, GARY
2750 NE 185TH STREET
SUITE 301
AVENTURA, FL 33180 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: PSD () Delete
Name: COHEN, GARY
Address: 2750 NE 185TH STREET, STE 301
City-St-Zip: AVENTURA, FL 33180

Title: VPTD () Delete
Name: COHEN, SUSAN
Address: 2750 NE 185TH STREET, STE 301
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: SCHNEIDER, HARVEY
Address: 2750 NE 185TH STREET, STE 301
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GARY COHEN

PSD

03/30/2009

Electronic Signature of Signing Officer or Director

Date