2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N99000002463

Entity Name: ISLAND BEACH CLUB ON ESTERO BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3580131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: SD ( ) Delete
Name: POLDOIAN, JOHN
Address: 52 GOODNOW RD
City-St-Zip: SUDBURY, MA 01776

Title: TD ( ) Delete
Name: USCINOWICZ, BEN
Address: 34 JOHN JAMES AUDUBON
City-St-Zip: MARLTON, NJ 08053

Title: D ( ) Delete
Name: LABELLE, STEVE
Address: 2305 INDIAN RD WEST
City-St-Zip: MINNETONKA, MN 55305

Title: PD ( ) Delete
Name: BALDWIN, CHUCK
Address: 1303 S W WINDPORT DR
City-St-Zip: BLUE SPRINGS, MO 64015

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: POLDOIAN, JOHN
Address: 52 GOODNOW RD
City-St-Zip: SUDBURY, MA 01776

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

Title: SD (X) Change ( ) Addition
Name: LABELLE, STEVE
Address: 2305 INDIAN RD WEST
City-St-Zip: MINNETONKA, MN 55305

Title: VPD (X) Change ( ) Addition
Name: PHILLIPS, ED
Address: 1823 BEAVER VALLEY RD
City-St-Zip: BEAVERCREEK, OH 45434

Title: D ( ) Change (X) Addition
Name: POWERS, TOM
Address: 6103 MCCUE RD
City-St-Zip: UNION, IL 60180

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: JOHN POLDOIAN PD 03/04/2009

Electronic Signature of Signing Officer or Director — Date