

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077186

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ISLAND CLUB RESORT DEVELOPMENT, INC.

## Current Principal Place of Business:

400 SADDLEWORTH PLACE  
LAKE MARY, FL 32746

## New Principal Place of Business:

101 GOLDEN MALAY PALM WAY  
DAVENPORT, FL 33897

## Current Mailing Address:

400 SADDLEWORTH PLACE  
LAKE MARY, FL 32746

## New Mailing Address:

FEI Number: 59-3675161      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEADOWS, DAVID M  
400 SADDLEWORTH PL  
LAKE MARY, FL 32746      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MEADOWS, DAVID  
Address: 510 DOUGLAS AVE #1001  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P (X) Delete  
Name: MEIXNER, DEANNA  
Address: 101 GOLDEN MALAY PALM WAY  
City-St-Zip: DAVENPORT, FL 33897

Title: S ( ) Delete  
Name: ACIREALE, TIFFANY  
Address: 510 DOUGLAS AVE #1001  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MEADOWS, DAVID M  
Address: 510 DOUGLAS AVE #1001  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M MEADOWS

DP

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date