

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031239

FILED
Apr 10, 2004
Secretary of State

Entity Name: ISLAND POINTE OF BREVARD, INC.

Current Principal Place of Business:

239 COVE LOOP DR
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

201 SYKES LOOP DRIVE
MERRITT ISLAND, FL 32953 US

Current Mailing Address:

P.O. BOX 542428
MERRITT ISLAND, FL 32954 US

New Mailing Address:

FEI Number: 01-0649658 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIAMS, S. M MR.
239 COVE LOOP DRIVE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

WILLIAMS, S. M MR.
201 SYKES LOOP DRIVE
MERRITT ISLAND, FL 32953 US

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

04/10/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: WILLIAMS, JANIS J MRS.
Address: 239 COVE LOOP DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: V/D () Delete
Name: WILLIAMS, S. M MR.
Address: 239 COVE LOOP DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: WILLIAMS, JANIS J MRS.
Address: 201 SYKES LOOP DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: V/D (X) Change () Addition
Name: WILLIAMS, S. M MR.
Address: 201 SYKES LOOP DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: S. MICHAEL WILLIAMS

Electronic Signature of Signing Officer or Director

V/D

04/10/2004

Date