2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM Secretary of State

ANNUAL REPURI							Secretary of State				
DOCUMENT # P02000072608 1. Entity Name ISLAND COMMUNITY DEVELOPERS, INC.							Secre	tary (oi Sta	ite	
Principal Place of Business Mailing Address						1					
6767 N. WICKHAM ROAD											
SUITE 500			6767 N. WICKHAM ROAD Suite 500								
MELBOURNE	FI 32940	}	MELBOURNE, FL 32940								
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2. Principal f	Yace of Busin	ness	3. Mailing Address								
Suite, Apt #, etc.			Suite, Apt #, etc.			1			<i>,,,</i> ,,,		
Guita, ripe +, etc.			date, Apr. 4, etc.		04272004	Chg-P	CR2E03	34 (10/03)			
City & State			City & State			4. FEI Numbe			 }	oplied For	
Zip Country			Zip Country		ntry	47-087	<u>-</u>		\$8.75 Add	ot Applicable	
·					5. Certificate	of Status Desired		Fee Require	ed		
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered A	gent		
KUSH, ROBERT M											
6767 N. WICKHAM RD. SUITE 500					Street Address (P.O. Box Number	er is Not Acceptable)			
MELBOUF		2940									
					City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Cod	le	
8. The above	named entit	v submits this statement for	the purpose of changing	o its register	ed office or register	red acent or hol	h in the State of Flo			and annent	
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
	Signature, typed	o punted name of registered agent a	when reinstating)	-	DATE						
		FEE IS \$150.00 4 Fee will be \$550.0		.00 May Be ed to Fees							
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	SIN 11	
DILE	D		☐ Delete	THE	£			··	Change	Addition	
NAME	2000				Æ				-	_	
STREET ADDRESS	FADDRESS 6767 N. WICKHAM ROAD, SUITE 500				LEI ADDRESS		noooo	145278			
CITY-ST-ZIP					- SI - IIP		U00000 05/03/04-1	30017-	018 15	0.00	
TITLE	DV Delete				E		//		Change	Addition	
NAME	BUESCH	ER, KEITH		MAM	E						
STREET ADDRESS	6767 N. V	VICKHAM ROAD, SUITE	500	SIRE	ET ADDRESS						
GITY - ST - ZIP	MELBOURNE, FL 32940			City	-S1-ZIP						
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NAME Crosty Loggeson	KUSH, RO		NAM	E ET ADORESS							
STREET ADDRESS CITY - ST - ZIP	• • • • • • • • • • • • • • • • • • • •										
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NAME	1, 2,122			MAIA	1				- Commission		
STREET ADDRESS	T ADDRESS 6767 N. WICKHAM ROAD, SUITE 500				ET ADDRESS						
CITY - ST - ZIP	MELBOU	RNE, FL 32940		CHY	·SI-ZIP		_	_			
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NAME	· · · · · · · · · · · · · · · · · · ·				Ł						
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MAME				KAM	i						
					ET ADDRESS						
CITY - ST - ZIP	MELBOU	RNE, FE 38940	-SI-ZIP								
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental-eport is trust and accusate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the product his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.											
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAILS DAILS DAYLOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											