

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103130

FILED  
Sep 02, 2009  
Secretary of State

Entity Name: ISLAND LIVING, PALM BEACH, INC.

**Current Principal Place of Business:**

203 ROYAL POINCIANA WAY  
#H  
PALM BEACH, FL 33480

**New Principal Place of Business:**

216 OLEANDER AVE  
PALM BEACH, FL 33480

**Current Mailing Address:**

PO BOX 614  
PALM BEACH, FL 33480

**New Mailing Address:**

216 OLEANDER AVE  
PALM BEACH, FL 33480

FEI Number: 55-0870243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIVER, LESLIE C  
216 OLEANDER AVE  
PALM BEACH, FL 33480 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DIVER, LESLIE  
Address: 216 OLEANDER AVE  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LESLIE DIVER

P

09/02/2009

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

\_\_\_\_\_ Date