

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713216

**Entity Name:** THE ISLAND PLAYERS, INC.

**Current Principal Place of Business:**

10009 GULF DRIVE  
ANNA MARIA, FL 34216

**Current Mailing Address:**

P O BOX 2059  
ANNA MARIA, FL 34216 US

**FEI Number:** 59-1171146

**Certificate of Status Desired:** No

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

FAARUP, PEGGY  
2505 SONGBIRD LANE  
BRADENTON, FL 34209 US

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC2459082540**

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FAARUP, PEGGY  
Address        2505 SONGBIRD LANE  
City-State-Zip: BRADENTON FL 34209

Title            ACCT  
Name            COOPER, BEN A  
Address        P O BOX 14577  
City-State-Zip: BRADENTON FL 34280

Title            FIRST VICE PRESIDENT  
Name            BERGER, BOBBI  
Address        1205 ESTREMAUDORA LANE  
City-State-Zip: BRADENTON FL 34209

Title            RECORDING SECRETARY  
Name            THOMAS, LINDA  
Address        1704 54TH STREET CIRCLE W  
City-State-Zip: BRADENTON FL 34209

Title            TREASURER  
Name            MARNIE, SYLVIA  
Address        P O BOX 2059  
City-State-Zip: ANNA MARIA FL 34216

Title            2ND VICE PRESIDENT  
Name            MORONI, MARILYN  
Address        P O BOX 2059  
City-State-Zip: ANNA MARIA FL 34216

Title            CORRESPONDENCE SECRETARY  
Name            HANSEL-EDGERTON, CATHY  
Address        P O BOX 2059  
City-State-Zip: ANNA MARIA FL 34216

*I hereby 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 all other like empowered.*

**SIGNATURE:** PEGGY FAARUP

**PRESIDENT**

**04/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date