

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713216

FILED
Apr 21, 2015
Secretary of State
CC8600615049

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

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 CORRESPONDING SECRETARY
Name HARRELL, DOLORES
Address 6300 FLOTILLA #109
City-State-Zip: HOLMES BEACH FL 34217

Title 1ST VICE 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 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 TREASURER
Name MARNIE, SYLVIA
Address P O BOX 2059
City-State-Zip: ANNA MARIA FL 34216

Continues on page 2

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: BOBBI BERGER

PRESIDENT

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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