

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762976

**Entity Name:** THE ISLAND PLACE AT CEDAR KEY CONDOMINIUM OWNER'S ASSOCIATION, INC.

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**0911004164CC**

**Current Principal Place of Business:**

CORNER OF 1ST & C ST  
550 1ST STREET  
CEDAR KEY, FL 32625

**Current Mailing Address:**

PO BOX 687  
CEDAR KEY, FL 32625 US

**FEI Number: 59-2304656**

**Certificate of Status Desired: No**

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

JENNINGS, PATRICIA PRESIDENT  
1880 BARNSTABLE RD.  
WELLINGTON, FL 33414 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: PATRICIA JENNINGS**

**04/30/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DIBENEDETTO, LOU  
Address 4917 CHAMPIONSHIP CUP LN  
City-State-Zip: BROOKSVILLE FL 34609

Title TREASURER  
Name BARSS, TWILA G  
Address 62 COLLINS LANDING RD  
UNIT 42  
City-State-Zip: WEARE NH 03281

Title PRESIDENT  
Name JENNINGS, PATRICIA  
Address 1880 BARNSTABLE RD  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name WILLIS, GREGORY  
Address 2841 HIGHWAY 185  
City-State-Zip: BOWLING GREEN KY 42101

Title DIRECTOR  
Name STEPHENSON, CARYN  
Address 16550 HODGES AVE  
City-State-Zip: CEDAR KEY FL 32625

*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: PATRICIA JENNINGS**

**PRESIDENT**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date