

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762976

FILED
Feb 18, 2014
Secretary of State
CC0080153315

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

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:

SANDERS, FAYE S CPA
12416 SR 24,
CEDAR KEY, FL 32625 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: FAYE SANDERS, CPA

02/18/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name WERNER, DOROTHY
Address PO BOX 6124
City-State-Zip: MARIANNA FL 32447

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

Title PRESIDENT
Name PATTILLO, FRANK
Address 12770 JERNIGAN AVE
City-State-Zip: CEDAR KEY FL 32625

Title DIRECTOR
Name SMITH, ELLIS
Address 107 RIDLEY AVE
City-State-Zip: LAGRANGE GA 30240

Title DIRECTOR
Name GRUNDSET, RONNIE
Address 4910 NW 27TH CT
City-State-Zip: GAINESVILLE FL 32606

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

Title DIRECTOR
Name THORNQVIST, NANCY
Address 9924 23RD LANE
City-State-Zip: GAINESVILLE FL 32607

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: TWILA BARSS

TREASURER

02/18/2014

Electronic Signature of Signing Officer/Director Detail

Date