

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003058

**FILED**  
**Mar 26, 2013**  
**Secretary of State**  
**CC5016677395**

**Entity Name:** ISLAND POINTE CONDOMINIUM ASSOCIATION OF MERRITT ISLAND, INC.

**Current Principal Place of Business:**

1331 BEDFORD DRIVE  
#103  
MELBOURNE, FL 32940

**Current Mailing Address:**

1331 BEDFORD DRIVE  
#103  
MELBOURNE, FL 32940

**FEI Number: 20-1327743**

**Certificate of Status Desired: No**

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

FAIRWAY MANAGEMENT  
1331 BEDFORD DRIVE  
#103  
MELBOURNE, FL 32940 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 PD  
Name LOVELACE, WILLIAM  
Address 1331 BEDFORD DRIVE  
#103  
City-State-Zip: MELBOURNE FL 32940

Title VPD  
Name NORVIK, KJELL  
Address 1331 BEDFORD DRIVE  
#103  
City-State-Zip: MELBOURNE FL 32940

Title TD  
Name SEGER, CLARA  
Address 1331 BEDFORD DRIVE  
#103  
City-State-Zip: MELBOURNE FL 32940

Title SD  
Name STEINER, THOMAS  
Address 1331 BEDFORD DRIVE  
#103  
City-State-Zip: MELBOURNE FL 32940

Title O  
Name GFELLER, VIRGIL  
Address 1331 BEDFORD DRIVE  
#103  
City-State-Zip: MELBOURNE FL 32940

*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: WILLIAM LOVELACE**

**PRESIDENT**

**03/26/2013**

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

\_\_\_\_\_  
Date