| No. C 100696 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due no later than Jan 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. ISLAND WOODS HOMEOWNERS ASSOCIATION, INC. KATHY CLAIBORNE 9601 W. STATE STREET, #203 BOISE ID 83714 USA | | 2. Registered | Registered Agent and Address (NO PO BOX) KATHY CLAIBORNE | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------|---------|-------------|--------------------------|
| | | | | | | | | |
| | | | | 9601 W STATE ST #203 BOISE ID 83714 3. New Registered Agent Signature:* | | | | |
| | | | | | | | | 4. Corporations: Enter N |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | KURT MCALLISTER | | 1639 S. LAKEMOOR WAY | EAGLE | ID | USA | 83616 | |
| SECRETARY | DALE VARING | | 291 E. RIVER QUARRY DRIVE | EAGLE | ID | USA | 83616 | |
| PRESIDENT | DON ETZLER | | 1335 S. GOSLING PLACE | EAGLE | ID | USA | 83616 | |
| DIRECTOR | TODD COMBS | | 1241 GOSLING WAY | EAGLE | ID | USA | 83616 | |
| DIRECTOR | CTOR BETTY GONZALEZ | | 1595 S. LAKEMOOR WAY | EAGLE | ID | USA | 83616 | |
| VICE PRESIDENT | PRESIDENT ROBIN SANDY | | 553 E. RIVERCHASE WAY | EAGLE | ID | USA | 83616 | |
| DIRECTOR | CHRIS MACHON | | 305 E. TRAILSIDE DRIVE | EAGLE | ID | USA | 83616 | |
| TREASURER | SHERMAN CAMPBELL | | 1598 S. RIVER GROVE WAY | EAGLE | ID | USA | 83616 | |
| DIRECTOR | DOUG FOYE | | 1924 S. RIVERFORD PLACE | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report | must be signed.* | | | | | |
| ID C 100696 | | Signature: Kath | Date: 01/23/2014 | | | | | |
| | | Name (type or | Ti | Title: Project Manager | | | | |
| Processed 01/23/2014 | | * Electronically pro | ovided signatures are accepted as original s | ignatures. | | | | |