


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90019 023 \*\*\*\*61.25

**DOCUMENT # 724786**

1. Entity Name  
**ISLAND POINT, INC., NO. 1, A CONDOMINIUM**



Principal Place of Business      Mailing Address

~~302 BRANDYWINE DR~~      ~~PO BOX 3007~~  
~~LARGO FL 33771~~      ~~CLEARWATER FL 33767~~  
~~US~~      ~~US~~

2. Principal Place of Business      3. Mailing Address

**644 ISLAND WAY**      **PO BOX 1191**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**OLDSMAR, FL**

City & State      City & State

**CLEARWATER, FL**      **OLDSMAR, FL**

Zip      Country      Zip      Country

**33767**      **US**      **34677**      **US**



MOORE CR2E037 (11/03)

4. FEI Number      Applied For

**59-1699773**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~ARDEN HOLIDAY, J MGT~~      **JERRY WICKY 40**  
~~302 BRANDYWINE DR~~      **SUNSTATE ACCOUNTING**  
~~LARGO FL 33771~~      **PO BOX 1191**  
    **OLDSMAR, FL 34677**

7. Name and Address of New Registered Agent

Name      **JERRY WICKY 40. SUNSTATE ACCOUNTING**

Street Address (P.O. Box Number is Not Acceptable)

**227 LAFAYETTE BLVD**

City      **OLDSMAR, FL 34677**      Zip Code      **FL**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jerry Wicky*      DATE: 2/25/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<del>HINES, CHUCK</del>	
STREET ADDRESS	<del>644 ISLAND WAY #102</del>	
CITY-ST-ZIP	<del>CLEARWATER FL 33767</del>	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<del>VANDERMAY, JOHN</del>	
STREET ADDRESS	<del>644 ISLAND WAY #204</del>	
CITY-ST-ZIP	<del>CLEARWATER BEACH FL 33767</del>	
TITLE	SB President	<input type="checkbox"/> Delete
NAME	DINO, JANUS	
STREET ADDRESS	644 ISLAND WAY #307	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<del>SPINGER, WILLIAM</del>	
STREET ADDRESS	<del>644 ISLAND WAY #203</del>	
CITY-ST-ZIP	<del>CLEARWATER BEACH FL 33767</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	XANAKIS, NICK	
STREET ADDRESS	644 ISLANDS WAY #703	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Alex Alexiades Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex Alexiades	
STREET ADDRESS	644 Island way #101	
CITY-ST-ZIP	Clearwater FL 33767	
TITLE	HARRY Romeo Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY Romeo	
STREET ADDRESS	644 Island way #404	
CITY-ST-ZIP	Clearwater FL 33767	
TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Constantine Janus	
STREET ADDRESS	644 Island way #307	
CITY-ST-ZIP	Clearwater FL 33767	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES Colvard	
STREET ADDRESS	644 Island way #508	
CITY-ST-ZIP	Clearwater FL 33767	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICK XANAKIS	
STREET ADDRESS	644 Island way #703	
CITY-ST-ZIP	Clearwater FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janus DINO President*      DATE: 2/29/2004      DAYTIME PHONE #: (727) 461-5370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #