

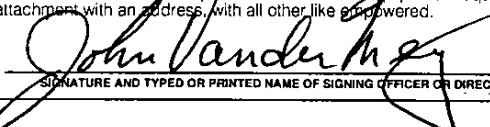


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90032 035 ****61.25

DOCUMENT # 724786			
1. Entity Name ISLAND POINT, INC., NO. 1, A CONDOMINIUM			
Principal Place of Business 644 ISLAND WAY CLEARWATER, FL 33767 US		Mailing Address PO BOX 1491 OLDSMAR, FL 34677 US	
2. Principal Place of Business 251 WINDWARD PASSAGE		3. Mailing Address 251 WINDWARD PASSAGE	
Suite, Apt. #, etc. SUITE F		Suite, Apt. #, etc. SUITE F	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33767		Country USA	
Zip 33767		Country USA	
4. FEI Number 59-1699773		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WICKY, JERRY C/O SUNSTATE ACCOUNTING 227 LAFAYETTE BLVD OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name: SHERON NICHOLS Street Address (P.O. Box Number is Not Acceptable) 251 WINDWARD PASSAGE SUITE F City: CLEARWATER FL Zip Code: 33767	
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: 		DATE: 3-3-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXIADES, ALEX 644 ISLAND WAY #101 CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMEO, HARRY 644 ISLAND WAY #404 CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DINO, JANUS 644 ISLAND WAY #307 CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLARD, CHARLES 644 ISLAND WAY #508 CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XENAKIS, NICK 644 ISLAND WAY #703 CLEARWATER BEACH, FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANUS, CONSTANTINE 644 ISLAND WAY #307 CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN VANDERMEY 644 ISLAND WAY # 204 CLEARWATER, FL. 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		DATE: 3/16/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	