


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

V#658
 A# 5440
 CK# 1575
 Date Filed: 3/2/06
FILED
Mar 06, 2006 08:00 AM
Secretary of State
JAN 24 2006
 BY:

DOCUMENT # 724786 1. Entity Name ISLAND POINT, INC., NO. 1, A CONDOMINIUM					
Principal Place of Business 251 WINDWARD PASSAGE SUITE F CLEARWATER FL 33767 US		Mailing Address 251 WINDWARD PASSAGE SUITE F CLEARWATER FL 33767 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1699773	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NICHOLS, SHERON 251 WINWARD PASSAGE SUITE F CLEARWATER FL 33767			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title (if applicable)</small>			DATE _____ <small>(NOTE: Registered Agent signature is required when terminating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXIADES, ALEX 644 ISLAND WAY #101 CLEARWATER FL 33767	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDERMEY, JOHN 644 ISLAND WAY, # 204 CLEARWATER FL 33767	<input type="checkbox"/> Delete	00000456385 03/16/06-80027-005 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DINO, JANUS 644 ISLAND WAY #307 CLEARWATER FL 33767	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLARD, CHARLES 644 ISLAND WAY #508 CLEARWATER FL 33767	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Handwritten Signature]* 2/1/06 737 417 147