

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724786

FILED  
Feb 18, 2010  
Secretary of State

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

**Current Principal Place of Business:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 US

**New Principal Place of Business:**

**Current Mailing Address:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 US

**New Mailing Address:**

**FEI Number:** 59-1699773      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JIM NOBLES MANAGEMENT, INC.  
251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JANUS, CONSTANTINE  
Address: 644 ISLAND WAY #307  
City-St-Zip: CLEARWATER, FL 33767 US

Title: VPD  
Name: ATWELL, SUE  
Address: 644 ISLAND WAY #107  
City-St-Zip: CLEARWATER, FL 33767 US

Title: SD  
Name: GABRIELLE, SNAPP  
Address: 644 ISLAND WAY #401  
City-St-Zip: CLEARWATER, FL 33767 US

Title: TD  
Name: ALEXIADES, ALEX  
Address: 644 ISLAND WAY #101  
City-St-Zip: CLEARWATER, FL 33767 US

Title: D  
Name: TEMELKOVSKI, BORIS  
Address: 644 ISLAND WAY #208  
City-St-Zip: CLEARWATER, FL 33767 US

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: CONSTANTINE JANUS

P

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date