

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 02, 2009
Secretary of State

DOCUMENT# 743622

Entity Name: ISLAMORADA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**700 WAVECREST AVENUE
INDIALANTIC, FL 329033268**New Principal Place of Business:****Current Mailing Address:**700 WAVECREST AVENUE
INDIALANTIC, FL 329033268**New Mailing Address:****FEI Number:** 59-2672723**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DIGNAZIO, RONALD V
700 WAVECREST AVE
UNIT # 301
INDIALANTIC, FL 329033270 US**Name and Address of New Registered Agent:**EDMONDS, ROBERT J
700 WAVECREST AVE
UNIT # 302
INDIALANTIC, FL 329033270 US

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: ROBERT J. EDMONDS

07/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHNECK, GENE
Address: 700 WAVECREST AVENUE #303
City-St-Zip: INDIALANTIC, FL 32903

Title: VD () Delete
Name: KARLSSON, CAROLINE
Address: 700 WAVECREST AVENUE #101
City-St-Zip: INDIALANTIC, FL 32903

Title: SD () Delete
Name: MICHAUD, ARTHUR
Address: 700 WAVECREST AVENUE #201
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: JAGGER, ROBERT
Address: 700 WAVECREST AVENUE #202
City-St-Zip: INDIALANTIC, FL 32903

Title: T () Delete
Name: EDMONDS, ROBERT
Address: 700 WAVECREST AVENUE #302
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: DICKSON, EDWARD
Address: 700 WAVECREST AVENUE #203
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT EDMONDS

T

07/02/2009

Electronic Signature of Signing Officer or Director

Date