

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

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90019 035 ****61.25



DOCUMENT # 747912

1. Entity Name

THE VILLAGE ON ISLAND ESTATES CONDOMINIUM ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1957145

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIM NOBLES MANAGEMENT, RNC
251 WINDWARD PASSAGE
SUITE F
CLEARWATER FL 33767

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	ASNER, LANNY	240 WINDWARD PASS., #903	CLEARWATER FL 33767	<input checked="" type="checkbox"/>
TD	BAICEO, TOM	240 WINWARD PASS., #803	CLEARWATER FL 33767	<input type="checkbox"/>
SD	FRY, BOB	240 WINDWARD PASS #1203	CLEARWATER FL 33767	<input type="checkbox"/>
DVP	BROWNING, DAVE	240 WINDWARD PASS., #1004	CLEARWATER FL 33767	<input checked="" type="checkbox"/>
D	HOFFMAN, BARBARA	204 WINDWARD PASSAGE 603	CLEARWATER BEACH FL 33767	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DT	STEPHEN LYBRAUD	240 WINDWARD PAS. 605	CLEARWATER, FL 33767	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DUP.	DEBBIE WALSER	240 WINDWARD PASSAGE #1301	CLEARWATER, FL 33767	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]

3/2/06