


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 749991**  
 1. Entity Name  
**ISLAND VIEW CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**241 SKIFF PT. #4**                      **241 SKIFF PT. #4**  
**CLEARWATER, FL 33767**              **CLEARWATER, FL 33767**

**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**59-1978983**      Not Applicable

5. Certificate of Status Desired       **\$6.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JOHNSON, ROBERT**  
**241 SKIFF PT. #4**  
**CLEARWATER, FL 33767**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

1100000164173  
 07/07/04-80033-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ROBERT 241 SKIFF PT #4 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWHOUSE, ROBERT 231 SKIFF PT #6 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONG, ROBIN 241 SKIFF PT #4 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOHNSON, LINDA 241 SKIFF PT #4 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Robert Johnson      07/02/04      721 446-8243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #