


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

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



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

Mailing Address  
 241 SKIFF PT. #4  
 CLEARWATER, FL 33767

**DO NOT WRITE IN THIS SPACE**



02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1978983

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

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

U00000261929  
 03/14/05-80032-010 61.25

**DO NOT WRITE IN THIS SPACE**

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 **ROBERT JOHNSON** 03/11/05 727 446-8243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #