


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90039 026 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1978983		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, ROBERT 241 SKIFF PT. #4 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD JOHNSON, ROBERT 241 SKIFF PT #4 CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete	TITLE	ROBERT FLOYD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	241 SKIFF PT #2
STREET ADDRESS		STREET ADDRESS	CLEARWATER FL 33767
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V FLOYD, ROBERT 241 SKIFF PT, # 2 CLEARWATER BEACH, FL 33767 <input checked="" type="checkbox"/> Delete	TITLE	ERIC MERCER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	231 SKIFF PT #5
STREET ADDRESS		STREET ADDRESS	CLEARWATER FL 33767
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TR LONG, ROBIN J 241 SKIFF PT, # 3 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD FLOYD, JUDY 241 SKIFF PT, # 2 CLEARWATER BEACH, FL 33767 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Robin J. Long, Pres.</i>		04/15/07 727 4628365	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

