

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749991

FILED
Mar 21, 2009
Secretary of State

Entity Name: ISLAND VIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

241 SKIFF PT. #3
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

241 SKIFF PT. #4
CLEARWATER, FL 33767

New Mailing Address:

241 SKIFF PT. #3
CLEARWATER, FL 33767

FEI Number: 59-1978983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ROBERT
241 SKIFF PT. #4
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

LONG, ROBIN A
241 SKIFF PT. #3
CLEARWATER, FL 33767 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: ROBIN LONG

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLOYD, ROBERT
Address: 241 SKIFF PT #2
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: V () Delete
Name: DAUGHTRY, ED
Address: 231 SKIFF PT. #8
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: TR () Delete
Name: LONG, ROBIN J
Address: 241 SKIFF PT, # 3
City-St-Zip: CLEARWATER, FL 33764

Title: SD () Delete
Name: FLOYD, JUDY
Address: 241 SKIFF PT, # 2
City-St-Zip: CLEARWATER BEACH, FL 33767

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
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: ROBIN LONG

MRS`

03/21/2009

Electronic Signature of Signing Officer or Director

Date