2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756749

FILED Jan 05, 2004 Secretary of State

Entity Name: ISLANDIA I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 9550 S. OCEAN DRIVE JENSEN BCH, FL 34957 **Current Mailing Address: New Mailing Address:** 9550 S. OCEAN DRIVE JENSEN BCH, FL 34957 FEI Number: 59-2245738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUBER, CHAUNCEY 9550 S. OCEAN DR. JENSEN BEACH, FL 34957 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MCLAUGHLIN, GERARD MICHAEL, MAZUR Name: Name: 9550 S OCEAN DR #1408 Address: 9550 S OCEAN DR #1110 Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 PD Title: Title: PD (X) Change () Addition () Delete Name: VALLEJO, NANCY Name: VALLEJO, NANCY Address: 9550 S OCEAN DR #104 Address: 9550 S OCEAN DR #1104 City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 Title: () Delete Title: () Change () Addition DEVORE, GERALD Name: Name: 9550 S OCEAN DR #505 Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BIGLER, DAVID Name: 9550 S OCEAN DR #608 Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: Title: () Delete Title: () Change () Addition CHILDS, LYNN Name: Name: 9550 S. OCEAN DR. #509 Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY VALLEJO PD 01/05/2004