2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756749

FILED Jan 05, 2005 Secretary of State

Entity Name: ISLANDIA I CONDOMINIUM ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Principal Plac | New Principal Place of Business: | |
|---|--|------------------------------------|---|--|--|
| | EAN DRIVE CH, FL 3499 | | | | |
| Current Mailing Address: | | | New Mailing Addre | New Mailing Address: | |
| | EAN DRIVE CH, FL 349 | | | | |
| 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, CI 9550 S. OC JENSEN BI | | 4957 US | | | |
| The above in the State | | y submits this statement for the p | ourpose of changing its registe | red office or registered agent, or both, | |
| SIGNATUR | E: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHAN | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MICHAEL, MA 9550 S OCEA | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PD () Delete VALLEJO, NANCY 9550 S OCEAN DR #1104 JENSEN BEACH, FL 34957 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ST () Delete DEVORE, GERALD 9550 S OCEAN DR #505): JENSEN BEACH, FL 34957 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete BIGLER, DAVID 9550 S OCEAN DR #608 JENSEN BEACH, FL 34957 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CHILDS, LYN 9550 S. OCE | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |

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 01/05/2005