

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756749

FILED
Apr 30, 2007
Secretary of State

Entity Name: ISLANDIA I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9550 S. OCEAN DRIVE
JENSEN BCH, FL 34957

New Principal Place of Business:

Current Mailing Address:

9550 S. OCEAN DRIVE
JENSEN BCH, FL 34957

New Mailing Address:

FEI Number: 59-2245738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLEN, RICHARD W
5092 S.E. POST TERRACE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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:

Title: VP () Delete
Name: CHILDS, LYNN
Address: 9550 S OCEAN DR #059
City-St-Zip: JENSEN BEACH, FL 34957

Title: ST () Delete
Name: VALLEJO, NANCY
Address: 9550 S OCEAN DR #1104
City-St-Zip: JENSEN BEACH, FL 34957

Title: PD () Delete
Name: GILSON, TOM
Address: 9550 S OCEAN DR #1408
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: MCCONNELL, BERT
Address: 9550 S OCEAN DR #1606
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: MONTANA, ROY
Address: 9550 S. OCEAN DR. #1703
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: NEVILLE, JACK
Address: 9550 S OCEAN DR #704
City-St-Zip: JENSEN BEACH, FL 34957

Title: D (X) Change () Addition
Name: BIGLER, DAVID
Address: 9550 S OCEAN DR #608
City-St-Zip: JENSEN BEACH, FL 34957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: MCCONNELL, BERT
Address: 9550 S OCEAN DR #1606
City-St-Zip: JENSEN BEACH, FL 34957

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: TOM GILSON

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date