2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 8:00 am Secretary of State

ASSOCIATION SPRINGS CONSIDER AND DIRECTORS Making Address 1300 SMRST R0 1300 PARK ST 1300 PARK	DOCUMENT # N01849 1. Entity Name ISLAND CLUB OF TARPON SPRINGS CONDOMINIUM						04-04-200	90177 004	****6	1.25
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8. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Registered Agent 7. Name and Address of Name Registered Registered Agent 8. The above named entity supfixes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am ternitier with, and accept the obligations of Physics state statement for the purpose of changing its registered agent, or both, in the State of Florida. I am ternitier with, and accept the obligations of Physics state statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am ternitier with, and accept the obligations of Physics statement for the purpose of changing its registered agent, or both, in the State of Florida. I am ternitier with, and accept the obligations of Physics statement for the obliga	~~ · · · ·		City & State OLD 8771	AC FL	·		850			<u> </u>
REINHARDT, DEBBIE C/O RESOURCE MANAGEMENT 7300 PARK ST SEMINOLE, FL 33777 8. The above named entity supflies his 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 pulpinged agent. SIGNATURE Signat Abdison FL 70, Cody FL 70,	Zip 3U/	1011 Country USA	Zip 3 #617			5. Certificate of	Status Desired			
REINHARDT, DEBBIE C/O'RESQUIRCE MANAGEMENT 7300 PARK ST SEMINOLE, FL 33777 8. The above named entity supplies 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 a ccept the obligations of highersed agent and the facebooks. Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campelign Financing Trust Fund Contribution 9. Election Campelign Financing T		6. Name and Address of Current Regis	tered Agent	Nome		7. Name and A	ddress of New	Registered Ager	nt	
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B. The above named entity subfits 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 projetaged agent. SIGNATURE Signature, topics or principles of registered agent and the Facekaske. Filling Fee is \$61.25 Due by May 1, 2007 B. Election Campaign Financing Trust Fund Contribution. TILE NAME DINCEN, SCOTT DINCEN, SCOTT DINCEN, SCOTT TILE NAME LANGOR, LINDA STREET ADDRESS CITY-ST-2P TOP MCALISTER, DAVID DST MCALISTER, DAVID DST MCALISTER, DAVID DST MCALISTER, DAVID DEIGN DST MCALISTER, DAVID Delete TILE NAME STREET ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TO Delete TILE NAME STREET ADDRESS CITY-ST-2P TO DELETE TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TO DELETE TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TO DELETE TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TO DELETE TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TO DELETE TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TO DELETE TARPON SPRINGS, FL 34689 TILE NAME STREET ADDRESS CITY-ST-2P TO DELETE TO DELETE	SEMINOLI	E, FL 33777		3	684	TAMI	ARD			
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Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE !	- work Sallin	UVIIVA OS	<i>YVIV</i>			0			
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12. 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 of trustee empowered to execute his 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/10%

Daytime Phone #