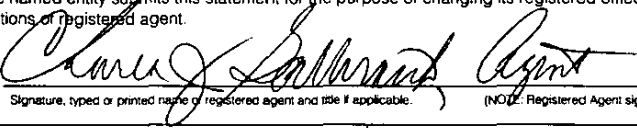
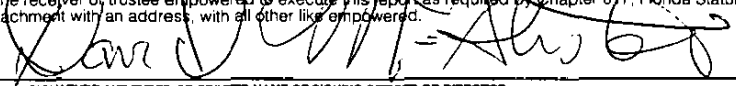


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90177 004 ****61.25

DOCUMENT # N01849 1. Entity Name ISLAND CLUB OF TARPON SPRINGS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1500 SUNSET RD TARPON SPRINGS, FL 34689 US			Mailing Address 7300 PARK ST SEMINOLE, FL 33777 US		
2. Principal Place of Business - No P.O. Box # 3684 TAMPA RD Suite, Apt. #, etc. 6		3. Mailing Address 3684 TAMPA RD Suite, Apt. #, etc. 6			
City & State OLDSMAR FL		City & State OLDSMAR FL		4. FEI Number 59-2376850	
Zip 34677		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINHARDT, DEBBIE C/O RESOURCE MANAGEMENT 7300 PARK ST SEMINOLE, FL 33777				7. Name and Address of New Registered Agent Name GALBRAITH, CHARLA Street Address (P.O. Box Number is Not Acceptable) C/O INTERSTATE PROPERTY MGT. INC. 3684 TAMPA RD. STE 6 City OLDSMAR FL Zip Code 34677	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/31/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINEEN, SCOTT 1500 SUNSET RD #A2 TARPON SPRINGS, FL 34689	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LANGOR, LINDA 1500 SUNSET RD #B8 TARPON SPRINGS, FL 34689	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCALISTER, DAVID 1500 SUNSET RD # E5 TARPON SPRINGS, FL 34689	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKLA, DICK 1500 SUNSET RD # G1 TARPON SPRINGS, FL 34689	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, PETE 1500 SUNSET RD # E3 TARPON SPRINGS, FL 34689	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, PETE 1500 SUNSET RD # E3 TARPON SPRINGS, FL 34689	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, PETE 1500 SUNSET RD # E3 TARPON SPRINGS, FL 34689	☐ Delete			
12. I 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 this report as required by Chapter 677, 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:  DATE 3/31/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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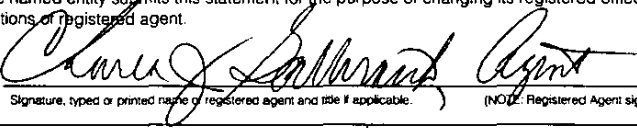


01252007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name **GALBRAITH, CHARLA**
Street Address (P.O. Box Number is Not Acceptable)
**C/O INTERSTATE PROPERTY MGT. INC.
3684 TAMPA RD. STE 6**
City **OLDSMAR** **FL** Zip Code **34677**

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE **3/31/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD DINEEN, SCOTT 1500 SUNSET RD #A2 TARPON SPRINGS, FL 34689

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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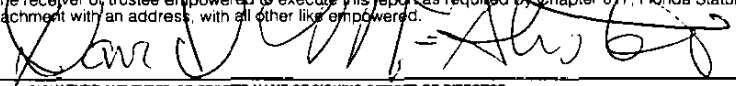
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SIGNATURE:  DATE **3/31/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR