


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

06-23-2008 90001 001 \*\*\*\*61.25  
N03000003423

<b>DOCUMENT # N03000003423</b>			
1. Entity Name <b>ISLAND CROWNE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 25 W. CEDAR ST STE 313 PENSACOLA, FL 32502		Mailing Address P.O. BOX 111 PENSACOLA, FL 32591	
2. Principal Place of Business - No P.O. Box # <b>1900 N Atlantic Ave #102</b>		3. Mailing Address <b>1034 Ridgewood Ave</b>	
Suite, Apt. #, etc. <b>Daytona Beach, FL 32118</b>		Suite, Apt. #, etc. <b>1</b>	
City & State <b>Daytona Beach, FL</b>		City & State <b>Holly Hill, FL 32117</b>	
Zip <b>32118</b>	Country <b>US</b>	Zip <b>32117</b>	Country <b>US</b>
4. FEI Number <b>74-3120154</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ABRAMS, JEFFREY P 25 W CEDAR ST STE 313 PENSACOLA, FL 32502</b>		7. Name and Address of New Registered Agent Name <b>Christopher E Connors</b> Street Address (P.O. Box Number is Not Acceptable) <b>1034 Ridgewood Ave Ste 1</b> City <b>Holly Hill</b> FL Zip Code <b>32117</b>	
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 <i>[Signature]</i> <b>Chris Connors</b> <b>6-20-2008</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>			
Filing Fee is \$81.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HIOTT, HUGH 25 W CEDAR STREET SUITE 313 PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, ROBERT K 1 SLEIMAN PKWY SUITE 270 JACKSONVILLE, FL 32520 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Scott Henson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1 Sleiman-Parkway, Suite 102- Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Darrel Fox <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1900 N. Atlantic Ave #1102 Daytona Bch, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or trustee empowered to execute this 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: <i>[Signature]</i> <b>19 Jun 08</b> <b>478-547-0102</b>		Date Daytime Phone #	

FILED  
08 JUN 27 PM 1:40  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



05072008 Chg-NP CR2E037 (12/06)