


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90220 040 ****61.25

DOCUMENT # N25466
 1. Entity Name
THE ISLAND PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**275 TONEY PENNA DR.
 SUITE 7
 JUPITER, FL 33458 US**

Mailing Address
**275 TONEY PENNA DR.
 SUITE 7
 JUPITER, FL 33458 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04042006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
**KUNKLE, CRAIG JR.
 275 TONEY PENNA DRIVE, #7
 JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	FINE, ALLAN	
STREET ADDRESS	69 CAYMAN PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILENSAY, MARVIN	
STREET ADDRESS	12 NOWARD ISLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	V	<input type="checkbox"/> Delete
NAME	KING, VAL	
STREET ADDRESS	43 CAYMAN PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUTHFIELD, CAROL	
STREET ADDRESS	62 CAYMAN PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEAFTROTT, JOHN	
STREET ADDRESS	37 CAYMAN PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERUGINI, TOM	
STREET ADDRESS	59 CAYMAN PL	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phil Lyndon	
STREET ADDRESS	51 CAYMAN PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB WEISS	
STREET ADDRESS	33 WINDOWARD ISLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK FANELIA	
STREET ADDRESS	60 CAYMAN PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Tom Perugini* **TOM PERUGINI** **4/18/06** **561-575-5792**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #