2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1:11-

FILED Jan 19, 2006 8:00 am Secretary of State

DOCU 1. Entity Nam ISLAND			01-19-2006 90074 038 ****61.25						
Principal Place of Business 2231-B MCGREGOR BLVD. FT. MYERS, FL 33901 US Mailing Address 2231-B MCGREGOR BLV FT MYERS, FL 33901			D US						
2. Principal F	Place of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State			4. FEI Number 65-0147				pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	f Status Desire	ed 🔲	\$8.75 Ad	ditional
<u>i</u> _	8. Name and Address of Current I	Registered Agent			7. Name and	Address of Ne	w Registered		
			Name						
MOORE, CAROLYN L 2231 MCGREGOR FT. MYERS, FL 33901			Street Ad	ddress (P.	O. Box Number	is Not Accep	table)		
			City	_			F	- 1	
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	registered	d agent, or both	, in the State o	of Florida. I an	n familiar with	, and accept
	Signature, typed or printed name a registered agent a	nd title if applicable. (NOTE: R	Registered Agent signatu	ure required wi	hen reinstating)		DATE		 -
	Filling Fee is \$61.25	9. Election Camp Trust Fund Cor	aīgn Financing	\$	55.00 May Be		Make che	ck payable i	
10.		9. Election Camp Trust Fund Cor	aīgn Financing	\$	5.00 May Be		Florida Depa	artment of S	tate
10.	Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	eaign Financing ntribution.	\$	5.00 May Be		Florida Depa	artment of S	tate
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12. I needy 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

01-12-06 239.337.905