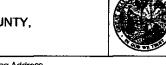
2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03308

ISLAND BEACH CLUB OF MANATEE COUNTY, CONDOMINIUM ASSOCIATION, INC.



02-26-2004 90011 004 ****61.25

FILED

Feb 26, 2004 8:00 am Secretary of State

						-							
Principal Place of Business C/O SUZANNE D. THOMAS 210 PEACOCK LANE HOLMES BCH., FL 34217		Mailing Address C/O SUZANNE THOMAS 210 PEACOCK LANE HOLMES BCH, FL 34217 US											
2. Principal Place of Business 3013 AVENUE F		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02222004 Chg-NP CR2E037 (10/03)							
HOLMES BEACH, FL			City & State					4. FEI Number 59-2533845			<u> </u>	plied For t Applicable	
34217 Country USA			Zij	Zip Cou				5. Certificate of Status Desired					
	6. Name	and Address of Current	Registere	red Agent				7. Name and Address of New Registered Agent					
			-	~	. —	Name -							
MOYNIHAM, PATRICIA ANN 514 BAYVIEW DRIVE HOLMES BCH., FL 34217				Street Address			ddress (i	s (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 .	Signature, typed	or printed name of registered agent (and title if sp	blicable, (NOTE	Registered	d Agent signat	re required	when reinstating)		DATE			
												_	
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2004 Trust Fund Contribu						_		\$5.00 May B Added to Fees		fake check rida Departi			
10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHA	ANGES TO OFFICE	RS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS	VD MCCOMB 4000 38T	S, GRANT H ST.		☐ Delete	TITLE NAME STREE			•			☐ Change	☐ Addition	
CITY-ST-ZIP	ROCK ISI	AND, IL 61201			CITY-	-ST-ZIP							
TITLE NAME STREET ADDRESS	PD WE8B, JO 3013 AVE	D-AN M NUE F, UNIT #5		☐ Delete	TITLE NAME STREE	ET ADDRESS			,		☐ Change	☐ Addition	
CITY-ST-ZIP	HOLMES	BEACH, FL			CITY-	·ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	514 BAY\	AN, PATRICIA ANN VIEW DRIVE BCH, FL 34217		Delete	4.00		57 130	rbara S-Chu	JACOB !	1 2	X Change	Addition	
TITLE	HOLINES	BOIT, 1 L 34217		☐ Delete	TITLE		UN	iversit	y PARK	- C) - -	Change	Addition	
STREET ADORESS CITY-ST-ZIP					STRE	ET ADDRESS - ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition Addition	
TITLE NAME	,			☐ Delete	TITLE	 : :			· ·		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP				_			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I). 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:

JO-UM M. WELL SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DESCRIPTION