

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006628

FILED
Mar 24, 2006
Secretary of State

Entity Name: ISLAMORADA COMMUNITY ENTERTAINMENT, INC.

Current Principal Place of Business:

88765 OVERSEAS HWY
PLANTATION KEY, FL 33070

New Principal Place of Business:

Current Mailing Address:

PO BOX 366
ISLAMORADA, FL 33036

New Mailing Address:

PO BOX 562
ISLAMORADA, FL 33036

FEI Number: 59-3814758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKLAS, JOE
88765 OVERSEAS HWY
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MIKLAS, JOE
Address: PO BOX 366
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: FEDER, DAVE
Address: PO BOX 1576
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: LEVY, RON
Address: PO BOX 305
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON LEVY

VP

03/24/2006

Electronic Signature of Signing Officer or Director

Date