

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03129

FILED
Apr 21, 2006
Secretary of State

Entity Name: OLD ISLAND INN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

TIERRA VERDE PROPERTY MANAGEMENT
1110 PINELLAS BAYWAY #207
TIERRA VERDE, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47068
ST PETERSBURG, FL 337437068

New Mailing Address:

1110 PINELLAS BAYWAY #207
TIERRA VERDE, FL 33715

FEI Number: 59-2557505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELTON, RONALD D
5444 PARK BLVD
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

ROUANZION, SUSAN
1110 PINELLAS BAYWAY #207
TIERRA VERDE, FL 33715 US

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: SUSAN ROUANZION

04/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAIR, SHARON
Address: 805 SW 41ST ST.
City-St-Zip: GAINESVILLE, FL 32607

Title: V () Delete
Name: BERRY, TOM
Address: 2803 FOREST CLUB DR
City-St-Zip: PLANT CITY, FL

Title: ST () Delete
Name: HUGULEY, JAMES
Address: 1125 PINELLAS BAYWAY, #104
City-St-Zip: TIERRA VERDE, FL 33715

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: SHARON ADAIR

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date