

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03129

FILED
Mar 03, 2008
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:

1110 PINELLAS BAYWAY #207
TIERRA VERDE, FL 33715

New Mailing Address:

FEI Number: 59-2557505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUANZION, SUSAN
1110 PINELLAS BAYWAY #207
TIERRA VERDE, FL 33715 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: 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: ALAGOOD, DIANA
Address: 1110 PINELLAS BAYWAY #207
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADAIR, SHARON
Address: 1110 PINELLAS BAYWAY #207
City-St-Zip: TIERRA VERDE, FL 33715

Title: VPD (X) Change () Addition
Name: BERRY, TOM
Address: 1110 PINELLAS BAYWAY #207
City-St-Zip: TIERRA VERDE, FL 33715

Title: STD (X) Change () Addition
Name: ALAGOOD, DIANA
Address: 1110 PINELLAS BAYWAY #207
City-St-Zip: TIERRA VERDE, FL 33715

I hereby certify that the information supplied with this filing does not qualify 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

03/03/2008

Electronic Signature of Signing Officer or Director

Date