2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# N01411

Entity Name: ISLA KEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5151 ISLA KEY BLVD
SAINT PETERSBURG, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

C/O RESOURCE PROPERTY MGMT
5901 SUN BLVD STE 200
SAINT PETERSBURG, FL 33715 US

New Mailing Address:

FEI Number: 59-2562971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
5901 SUN BLVD
STE 200
SAINT PETERSBURG, 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: VP ( ) Delete
Name: LUNDELL, PHIL
Address: 5901 SUN BOULEVARD - SUITE 200
City-St-Zip: ST PETERSBURG, FL 33715

Title: T ( ) Delete
Name: MARTIN, STAN
Address: 5901 SUN BOULEVARD - SUITE 200
City-St-Zip: ST PETERSBURG, FL 33715

Title: P ( ) Delete
Name: CORL, GEORGE
Address: 5901 SUN BOULEVARD - SUITE 200
City-St-Zip: ST PETERSBURG, FL 33715

Title: D ( ) Delete
Name: KRISTOPAITIS, RAY
Address: 5901 SUN BOULEVARD - SUITE 200
City-St-Zip: ST PETERSBURG, FL 33715

Title: S ( ) Delete
Name: RIXON, PAUL
Address: 5901 SUN BOULEVARD - SUITE 200
City-St-Zip: ST PETERSBURG, 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:

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 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: PETER DILTS MGR 03/24/2008
Electronic Signature of Signing Officer or Director — Date