2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# 719193

Entity Name: INNISBROOK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

36750 US HWY 19 NORTH
PALM HARBOR, FL 346841239

New Principal Place of Business:

Current Mailing Address:

36750 US HWY 19 NORTH
PALM HARBOR, FL 346841239

New Mailing Address:

FEI Number: 59-1744626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WREATH, C. FRANK
36750 US HWY 19 NORTH
PALM HARBOR, FL 346841239 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: VD ( ) Delete
Name: DOUGLASS, ROBERT S
Address: 36750 US HWY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: SD ( ) Delete
Name: TIERNEY, MICHAEL V
Address: 332 MARINER DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD ( ) Delete
Name: VACKETTA, JOHN P
Address: 447 MARINER DR
City-St-Zip: TARPON SPRINGS, FL 34684

Title: PD ( ) Delete
Name: WREATH, FRANK C
Address: 36750 US 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

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:

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: JOY LYNNE HANSON MGR 04/17/2007

Electronic Signature of Signing Officer or Director — Date