2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719193

FILED Apr 09, 2008 Secretary of State

Entity Name: INNISBROOK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	HWY 19 NOR RBOR, FL 346			
Current Mailing Address:		New Mailing Address:		
	HWY 19 NOR RBOR, FL 346			
FEI Number	r: 59-1744626	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
36750 US	, C. FRANK HWY 19 NOR RBOR, FL 346			
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or bo
n the Stat	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or bo
n the Stat	e of Florida. RE:	submits this statement for the part of the part of Registered Ag		ed office or registered agent, or bo
n the Stat SIGNATU	e of Florida. RE:	nic Signature of Registered Ag	ent	
n the Stat SIGNATU DFFICER Title: Name: Address:	Electron S AND DIRECT VD (DOUGLASS, R 36750 US HWY	nic Signature of Registered Ag TORS:) Delete OBERT S Y 19 NORTH	ent	Date
n the Stat SIGNATU	E of Florida. RE: Electron S AND DIREC VD (DOUGLASS, R 36750 US HWY PALM HARBOF SD (TIERNEY, MIC 332 MARINER	nic Signature of Registered Age TORS:) Delete OBERT S Y 19 NORTH R, FL 34684) Delete HAEL V	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECT
n the Stat BIGNATU DFFICER Title: Idame: Iddress: Idame: Idame: Iddress:	Electron SAND DIRECT VD (DOUGLASS, R 36750 US HWY PALM HARBOF SD (TIERNEY, MIC 332 MARINER TARPON SPRI TD (VACKETTA, JC 447 MARINER	nic Signature of Registered Age TORS:) Delete OBERT S Y 19 NORTH R, FL 34684) Delete HAEL V DR NGS, FL 34689) Delete OHN P	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date SES TO OFFICERS AND DIRECT () Change () Addition

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: DONNA M. PLANT MGR 04/09/2008