

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90083 039 ****61.25

DOCUMENT # 722058

1. Entity Name
THE ISLANDS CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
11680 W DIXIE SHORES DR
CRYSTAL RIVER, FL 34429 US

Mailing Address
11680 W DIXIE SHORES DR
CRYSTAL RIVER, FL 34429 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1368822

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EADIE MORROW, MANAGER
11680 W DIXIE SHORES DR
11680 W DIXIE SHORES DR
CRYSTAL RIVER, FL 34429

Name
ROBERT COLLINS, MANAGER

Street Address (P.O. Box Number is Not Acceptable)
11680 W DIXIE SHORES DR

11680 W DIXIE SHORES DR

City
CRYSTAL RIVER

FL Zip Code
34429

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME GALANTE, PAUL G
STREET ADDRESS 11235 W BAYSHORE DR
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE D ☐ Change ☒ Addition
NAME SANDSTROM, ERIC
STREET ADDRESS 11544 W. BAYSHORE DR.
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE D ☐ Delete
NAME SCUDERI, ELEANOR
STREET ADDRESS 11315 W. BAYSHORE DR.
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ALLEN, PHYLLIS
STREET ADDRESS 1277 N OSPREY PT
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME NUZUM, THERESA W
STREET ADDRESS 11628 W BAYSHORE DR
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRACEY, HUGH C
STREET ADDRESS 11390 W BAYSHORE DR
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME FOX, PETER
STREET ADDRESS 11585 W. BAYSHORE DRIVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Collins ROBERT COLLINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2007
Date Daytime Phone #