2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722058

FILED Apr 21, 2009 Secretary of State

Entity Name: THE ISLANDS CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 11680 W DIXIE SHORES DR US CRYSTAL RIVER, FL 34429 **Current Mailing Address: New Mailing Address:** 11680 W DIXIE SHORES DR CRYSTAL RIVER, FL 34429 US FEI Number: 59-1368822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'BRIEN, GERALYN VILLAGES SERVICES COOPERATIVE 2541 N RESTON TERRACE HERNANDO, FL 34442 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SANDSTROM, ERIC Name: ABRAM, KEITH Name: 11544 W BAYSHORE DRIVE Address: 11595 W KINGFISHER COURT Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34429 Title: () Delete Title: (X) Change () Addition SCUDERI, ELEANOR Name: SCUDERI, ELEANOR Name: Address: 11315 W BAYSHORE DR. Address: 11315 W BAYSHORE DR. City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34429 Title: (X) Delete Title: () Change () Addition DUHAMEL, GARY Name: Name: 3929 N BUCKHORN DRIVE Address: Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: NUZUM, THERESA W Name: Address: 11628 W BAYSHORE DR Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: Title: PD () Delete Title: (X) Change () Addition MCNEILLY, JOHN MCNEILLY, JOHN Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

1292 N SEAGULL POINT

CRYSTAL RIVER, FL 34429

() Change () Addition

SIGNATURE: ELEANOR SCUDERI SD 04/21/2009

1292 N SEAGULL POINT

FOX, PETER

CRYSTAL RIVER, FL 34429

11585 W BAYSHORE DRIVE

CRYSTAL RIVER, FL 34429

(X) Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip: