

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

**DOCUMENT # 722823**

1. Entity Name

THE ISLANDERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER FL 33767

Mailing Address

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER FL 33767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1449975

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

JIM NOBLES MANAGEMENT, INC  
251 WINDWARD PASSAGES  
SUITE F  
CLEARWATER FL 33767

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WROE, JAMES	
STREET ADDRESS	105 ISLAND WAY #122	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FRAHMANN, MEL	
STREET ADDRESS	105 ISLAND WAY, 125	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BELL, GORDON	
STREET ADDRESS	121 ISLAND WAY #323	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VENTURA, DONNA	
STREET ADDRESS	105 ISLAND WAY #142	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOODARD, GARY	
STREET ADDRESS	121 ISLAND WAY, 334	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	METCALFE, JOHN	
STREET ADDRESS	2140 CLOVER ST.	
CITY-ST-ZIP	ROCHESTER NY 14615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY WOODARD

03/15/06

127 443-0703

Date

Daytime Phone #