

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722823

FILED
Feb 27, 2009
Secretary of State

Entity Name: THE ISLANDERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

251 WINDWARD PASSAGE
SUITE F
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

251 WINDWARD PASSAGE
SUITE F
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-1449975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIM NOBLES MANAGEMENT, INC
251 WINDWARD PASSAGES
SUITE F
CLEARWATER, FL 33767 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: DVP () Delete
Name: FRAHMANN, MEL
Address: 105 ISLAND WAY, 125
City-St-Zip: CLEARWATER, FL 33767

Title: DT () Delete
Name: BELL, GORDON
Address: 121 ISLAND WAY #323
City-St-Zip: CLEARWATER, FL 33767

Title: PD () Delete
Name: WOODARD, GARY
Address: 121 ISLAND WAY, 334
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D () Delete
Name: RICOTTA, SAM
Address: 121 ISLAND WAY #324
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D () Delete
Name: LOWE, LORI
Address: 105 ISLAND WAY # 127
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DTS (X) Change () Addition
Name: BELL, GORDON
Address: 121 ISLAND WAY #323
City-St-Zip: CLEARWATER, FL 33767

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: D () Change (X) Addition
Name: HOOKS, JACK
Address: 105 ISLAND WAY #135
City-St-Zip: CLEARWATER BEACH, FL 33767

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: GARY WOODARD

PD

02/27/2009

Electronic Signature of Signing Officer or Director

Date