2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2007 8:00 am Secretary of State

1. Entity Name ISLAND MANOR CONDOMINIUM ASSOCIATION, INC.							0	2-23-2007	90034 0	03 ****6	51.25
Principal Place of Business 87 N. COLLIER BLVD. MARCO ISLAND, FL 33937			Mailing Address 87 N. COLLIER BLVD. MARCO ISLAND, FL 33937								
2. Principal P	lace of Busin	ess - No P.O. Box#	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02062007 Ch	ng-NP	CR2E03	7 (12/06)		
City & State			City & State				4. FEI Number 59-150870	4		-	oplied For ot Applicable
Zip	Zip Country				ntry		5. Certificate of Sta	atus Desired			
Name and Address of Current Registered Agent							7. Name and Add	ress of New R	egistered /	gent	
SAMOUCE	ROBER	T C ESQ.	-			MIE		SEL, E	54.		
SAMOUCE	E, MURRE	LL & GAL, P.A.		Street A	ddress (I	P.O. Box Number is t	Not Acceptable) D			
5405 PARI NAPLES, F		AL COURT				*. 7 *.	001 0000	····	<i>U</i>		
MAPLES, FL 34109				C			To / AND		FL	Zip Cod	e //
City HARCO Z. 8. The above named entity submits this statement for the glurpose of changing its registered office or registered as								the State of Flo			
the obligat	ions of regist	ered agent.	. 1	Ū		·	-				
2/19/07											
SIGNATURE Signature flood or printed name of registereb aggoband flow it epidicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	- 4		\ I								
	_	e is \$61.25 lay 1, 2007	9. Election Cal Trust Fund		_		\$5.00 May Be Added to Fees			payable to	
10.	_		Trust Fund (_			Flor	ida Depar	lment of S	tate
TITLE	PD PD	OFFICERS AND DI	Trust Fund (11.	ion.		Added to Fees	Flor	ida Depar	lment of S	tate
TITLE NAME	PD HARRING	OFFICERS AND DI	Trust Fund 6	11. TILE	ion.		Added to Fees	Flor	ida Depar	TRECTORS IN	tate
TITLE	PD HARRING 87 N. COL	OFFICERS AND DI	Trust Fund 6	11. TITLE NAMI	ion.		Added to Fees	Flor	ida Depar	TRECTORS IN	tate
TITLE NAME STREET ADDRESS	PD HARRING 87 N. COL	OFFICERS AND DI STON, THOMAS LLIER BLVD.	Trust Fund 6	11. TITLE NAMI STRE CITY TITLE	E E ET ADORESS -ST-ZIP	AST	Added to Fees ADDITIONS/CHANG	Flori	ida Depar	TRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	PD HARRING 87 N. COL MARCO IS SD ANDERSO	OFFICERS AND DI OFFICERS AND DI STON, THOMAS LLIER BLVD. SLAND, FL 34145 DN, MARCENE	Trust Fund 6	11. TITLE NAMI STRE CITY TITLE	E E ET ADORESS - ST-ZIP	AST	Added to Fees ADDITIONS/CHANG	Flori	ida Depar	RECTORS IN Change	tate I 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD HARRING 87 N. COL MARCO II SD ANDERSO 87 N COL	OFFICERS AND DI OFFICERS AND DI STON, THOMAS LLIER BLVD. SLAND, FL 34145 DN, MARCENE LIER BLVD	Trust Fund 6	11. TITLE NAMI STRE CITY TITLE NAMI STRE	E E ET ADORESS -ST-ZIP	AS 0 BoB 81	Added to Fees ADDITIONS/CHANGE CAMELON NO. CO LLIEN	Flori ES TO OFFICEI	ida Depar	RECTORS IN Change	tate I 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	PD HARRING 87 N. COL MARCO II SD ANDERSO 87 N COL	OFFICERS AND DI OFFICERS AND DI STON, THOMAS LLIER BLVD. SLAND, FL 34145 DN, MARCENE	Trust Fund 6	11. TITLE NAMI STRE CITY TITLE NAMI STRE	E E ET ADORESS - ST-ZIP E E ET ADORESS - ST-ZIP	AS 0 BoB 81	Added to Fees ADDITIONS/CHANG	Flori ES TO OFFICEI	ida Depar	RECTORS IN Change	tate I 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD HARRING 87 N. COL MARCO IS ANDERSO MARCO IS ASD KIRKPAR 87 N. COL	OFFICERS AND DI OFFICERS AND D	Trust Fund to	11. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	E E ET ADDRESS - ST-ZIP E E E ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E ET ADDRESS	ASD BOB 87 MAR	Added to Fees ADDITIONS/CHANGE CAMELON NO. CO LLIEN	Flori ES TO OFFICEI	ida Depar	toment of Si RECTORS IN Change Change	110 Addition Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I former certify that it am an officer or director 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 oat; 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 SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNATU