
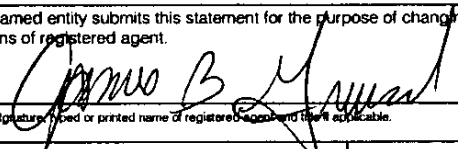
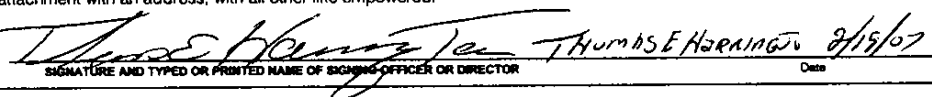


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

02-23-2007 90034 003 \*\*\*\*61.25

<b>DOCUMENT # 723184</b>					
1. Entity Name ISLAND MANOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 87 N. COLLIER BLVD. MARCO ISLAND, FL 33937			Mailing Address 87 N. COLLIER BLVD. MARCO ISLAND, FL 33937		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1508704	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAMOUCÉ, ROBERT C ESQ. SAMOUCÉ, MURRELL & GAL, P.A. 5405 PARK CENTRAL COURT NAPLES, FL 34109			Name <b>JAMIE B. GREUSEL, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1104 NO. COLLIER BLVD</b> <b>MA</b> City <b>MARCO ISLAND</b> <b>FL</b> Zip Code <b>34145</b>		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE <b>2/19/07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, THOMAS		NAME		
STREET ADDRESS	87 N. COLLIER BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, MARCENE		NAME	BOB CAMERON	
STREET ADDRESS	87 N COLLIER BLVD		STREET ADDRESS	87 NO. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, PHYLLIS		NAME		
STREET ADDRESS	87 N. COLLIER BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	ATD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNCH, NANCY		NAME	RICH FOWT	
STREET ADDRESS	87 N COLLIER BLVD		STREET ADDRESS	87 NO. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRADOCK, JIM		NAME		
STREET ADDRESS	87 N COLLIER BLVD		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, JIM		NAME		
STREET ADDRESS	87 N COLLIER BLVD		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 33937		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: 		THOMAS E HARRINGTON		Date: <b>2/19/07</b> Daytime Phone #: <b>239-394-3376</b>	