

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90030 012 ****61.25

DOCUMENT # 724786

1. Entity Name

ISLAND POINT, INC., NO. 1, A CONDOMINIUM



Principal Place of Business

251 WINDWARD PASSAGE
SUITE F
CLEARWATER FL 33767
US

Mailing Address

251 WINDWARD PASSAGE
SUITE F
CLEARWATER FL 33767
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1699773

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

NICHOLS, SHERON
251 WINWARD PASSAGE
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 resigning)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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: ☐ Delete
NAME: ALEXIADES, ALEX
STREET ADDRESS: 644 ISLAND WAY #101
CITY-ST-ZIP: CLEARWATER FL 33767

TITLE: ☐ Delete
NAME: VANDERMEY, JOHN
STREET ADDRESS: 644 ISLAND WAY, # 204
CITY-ST-ZIP: CLEARWATER FL 33767

TITLE: ☒ Delete
NAME: DINO, JANUS
STREET ADDRESS: 644 ISLAND WAY #307
CITY-ST-ZIP: CLEARWATER FL 33767

TITLE: ☒ Delete
NAME: COLLARD, CHARLES
STREET ADDRESS: 644 ISLAND WAY #508
CITY-ST-ZIP: CLEARWATER FL 33767

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☒ Addition
NAME: UPD
LESLIE DOWLING
STREET ADDRESS: 644 ISLAND WAY #502
CITY-ST-ZIP: CLEARWATER, FL. 33767

TITLE: ☐ Change ☒ Addition
NAME: D.
NICK XANAKIS
STREET ADDRESS: 644 ISLAND WAY # 703
CITY-ST-ZIP: CLEARWATER, FL. 33767

TITLE: ☐ Change ☒ Addition
NAME: D.
SOCRATES LAMBROS
STREET ADDRESS: 644 ISLAND WAY # 408
CITY-ST-ZIP: CLEARWATER, FL. 33767

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

3/7/07 727-442-6427

Date

Daytime Phone #