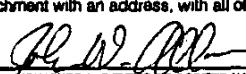


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90030 013 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |                                                                                     |                                                                                           |                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 725421</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                     |                                                                                           |                                                                                             |  |
| 1. Entity Name<br><b>ISLAND VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                     |                                                                                           |                                                                                                                                                                              |  |
| Principal Place of Business<br><b>2135 N COURTENAY PARKWAY<br/>E-140<br/>MERRITT ISLAND, FL 32953</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                     | Mailing Address<br><b>2135 N COURTENAY PARKWAY<br/>E-140<br/>MERRITT ISLAND, FL 32953</b> |                                                                                                                                                                              |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         | 3. Mailing Address                                                                  |                                                                                           |                                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         | Suite, Apt. #, etc.                                                                 |                                                                                           |                                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         | City & State                                                                        |                                                                                           |                                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                 | Zip                                                                                 | Country                                                                                   | 4. FEI Number<br><b>59-1558005</b>                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |                                                                                     |                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |                                                                                     |                                                                                           | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                     |  |
| Agent<br><b>Reconcilable Differences, Inc<br/>109 Long Point Road Cape<br/>Canaveral, FL 32920</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         |                                                                                     | 7. Name and Address of New Registered Agent                                               |                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |                                                                                     | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                     |                                                                                           |                                                                                                                                                                              |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                           | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         | <b>Make check payable to<br/>Florida Department of State</b>                        |                                                                                           |                                                                                                                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                         |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                              |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>JOHN ALLEN- PRESIDENT</b> <input type="checkbox"/> Delete<br><b>IVCA -2135 N COURTENAY PKWY<br/>MERRITT IS, FL 32953</b>             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <b>SID SHIPLEY -Bd Mbr</b> <input checked="" type="checkbox"/> Addition<br><b>IVCA -2135 N COURTENAY PKWY<br/>MERRITT IS, FL 32953</b>                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>LARRY HAYMES - VICE<br/>PRESIDENT</b> <input type="checkbox"/> Delete<br><b>IVCA -2135 N COURTENAY PKWY<br/>MERRITT IS, FL 32953</b> |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <b>MELINDA POOLE -Bd Mbr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>IVCA -2135 N COURTENAY<br/>PKWY<br/>MERRITT IS, FL 32953</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VIRGINIA JONES - SECRETARY</b> <input type="checkbox"/> Delete<br><b>IVCA -2135 N COURTENAY PKWY<br/>MERRITT IS, FL 32953</b>        |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <b>A. J. CARTER -Bd Mbr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>IVCA -2135 N COURTENAY<br/>PKWY<br/>MERRITT IS, FL 32953</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>JOHN ALLEN- TREASURER</b> <input type="checkbox"/> Delete<br><b>IVCA -2135 N COURTENAY PKWY<br/>MERRITT IS, FL 32953</b>             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>GWEN EIFLER- BD MEMBER</b> <input type="checkbox"/> Delete<br><b>IVCA -2135 N COURTENAY PKWY<br/>MERRITT IS, FL 32953</b>            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MITZIE ROSE - BD MEMBER</b> <input type="checkbox"/> Delete<br><b>IVCA -2135 N COURTENAY PKWY<br/>MERRITT IS, FL 32953</b>           |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 817, 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                     | Date: <b>1/23/06</b> 321 4579182                                                          |                                                                                                                                                                              |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         |                                                                                     |                                                                                           |                                                                                                                                                                              |  |

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01082006 Chg-NP CR2E037 (11/05)