

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90047 032 ****61.25

DOCUMENT # 730811

1. Entity Name
ISLAND ECHOS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**676 SANTA ROSA BLVD
FT. WALTON BCH., FL 32548 US**

Mailing Address
**676 SANTA ROSA BLVD
FORT WALTON BEACH, FL 32548 US**

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

3. Mailing Address
8955 Hwy 98 West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

City & State

City & State

Miramar Beach, FL

Zip

Country

Zip

Country

32550 Walton



03052007

Chg-NP

CR2E037 (12/06)

4. FEI Number

-50-1387000-57-1304127

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

**ROGEL, DAVID
5201 BLUE LAGOON DRIVE
MIAMI, FL 33126**

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 reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTIN, JIM
2026 13TH AVENUE NW
ROCHESTER, MN 55901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Rebecca Rogers
12569 Branford St.
CARMEL, IN 46032** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LINDSEY, DEAN
11795 DUBARRY COURT
CARMEL, IN 46032** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Director
Angela Parkhurst
53 Yacht Club Dr., Unit 3
Ft. Walton Beach, FL 32548** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SNOWBERG, PAUL
4258 THOMAS AVE NORTH
MINNEAPOLIS, MN 55412** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Director
Paul Snowberg
4258 Thomas Ave North
MINNEAPOLIS, MN 55412** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, DIANE
4801 DUNBERRY LANE
MINNEAPOLIS, MN 55435** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President/Director
Mike Enlow
2222 Lakes Edge Dr
Newburgh, IN 47630** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ENLOW, MIKE
2222 LAKES EDGE DR
NEWBURGH, IN 47630** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
DEAN LINDSEY
11795 Dubarry Ct.
Carmel, IN 46032** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DAVID, CROYLE
676 SANTA ROSA BLVD
FORT WALTON BEACH, FL 32548** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
GIL Roberts
4801 Dunberry Ln
MINNEAPOLIS, MN 55435** ☐ Change ☒ Addition

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:

David Croyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-2007 820-664-8210