
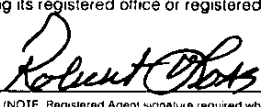


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90019 021 ****70.00

DOCUMENT # 743387 1. Entity Name ISLAND TOWERS RESORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4900 ESTERO BLVD FT MYERS BCH, FL 33931			Mailing Address 4900 ESTERO BLVD FT MYERS BCH, FL 33931		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address RAL RESORT PROP MANAGEMENT 11595 Kelly Rd Ste 300 FORT MYERS FL 33908			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1933924	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA 14241 METROPOLIS AVE, # 100 FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name RAL RESORT PROPERTY MGMT INC Street Address (P.O. Box Number is Not Acceptable) 11595 Kelly Rd Ste 300 City FORT MYERS FL 33908		
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 ROBERT A LOTTS <small>Signature, typed or printed name of registered agent and title if applicable</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 1/10/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	S BOLDACK, JACKIE 10340 WALES LP, BX 12 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, LARRY 6731 HUNT CLUB RD ZIONSVILLE, IN 46077	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATRUSKA, PAMELA 16900 SLATER RP, #40 NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUMAN, PATRICK 12825 DRESDEN COURT FORT MYERS FL 33912	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALESKO, GEORGE 8221 WEST 109TH ST BLOOMINGTON, MN 55438	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEWART, DIANE J 16900 SLATER ROAD, #40 FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIEHLS, GARY 198 MARLENE DRIVE BEAVER FALLS, PA 15010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLK, PERRY 2337 WOODLAND TERRACE FT. MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLK, PERRY 2337 WOODLAND TERRACE FT. MYERS FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  ROBERT A LOTTS 1/10/08 239-781-9580 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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