2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743387

FILED Feb 23, 2009 Secretary of State

Entity Name: ISLAND TOWERS RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4900 ESTERO BLVD FT MYERS BCH, FL 33931 **Current Mailing Address: New Mailing Address:** RAL RESORT PROP. MGMT INC 11595 KELLY RD STE. 300 FORT MYERS, FL 33908 FEI Number: 59-1933924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAL RESORT PROPERTY MGMT INC 11595 KELLY RD STE. 300 FORT MYERS, FL 33908 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BOLDAK, JACKIE HARRIS, LARRIS Name: Name: 10340 WALES LP, BX 12 Address: 6731 OLD HUNT RD. Address: City-St-Zip: BONITA SPRINGS, FL 34135 US City-St-Zip: ZIONSVILLE, IN 46077 US Title: () Delete Title: () Change () Addition NEUMAN, PATRICK Name: Name: Address: 12875 DRESDEN COURT Address: City-St-Zip: FORT MYERS, FL 33912 US City-St-Zip: Title: () Delete Title: (X) Change () Addition WALESKO, GEORGE DAVID, BOLDAK Name: Name: Address: 8221 WEST 109TH ST Address: 10318 SANDY HOLLOW CIR City-St-Zip: BLOOMINGTON, MN 55438 City-St-Zip: BONITA SPRINGS, FL 34135 Title: PD Title: () Change () Addition () Delete Name: BIEHLS, GARY Name: 198 MARLENE DRIVE Address: Address: City-St-Zip: BEAVER FALLS, PA 15010 City-St-Zip: Title: () Delete Title: () Change () Addition WOLK, PERRY Name: Name: 2337WOODHARD TERRACE Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: () Change (X) Addition MCDANIEL, PATRICK Name: Name: Address: Address: 10323 HORTON RD. GOODRICH, MI 48438 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R SHAW RA 02/23/2009