## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 744340**

FILED May 01, 2007 Secretary of State

Entity Name: ISLAND HOUSE SOUTH CONDOMINIUM ASSOCIATION, INC.

Current F	Principal Place of Business:	New Principal Place o	of Business:
1145 101 UNIT 2 BAY HAR	ST BOR ISLANDS, FL 331541525 US		
Current I	Mailing Address:	New Mailing Address	:
UNIT 2	STREET BOR ISLE, FL 33154 US		
ln accordai	r: 59-1881792 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	-	Certificate of Status Desired ( )  New Registered Agent:
ROSA, S/ 1145-101 #2 BAY HAR			
	.501(102/11150,12 00101 00		
	e named entity submits this statement for the te of Florida.	e purpose of changing its registered	office or registered agent, or both,
	e named entity submits this statement for the te of Florida.	e purpose of changing its registered	office or registered agent, or both,
in the Sta	e named entity submits this statement for the te of Florida.		office or registered agent, or both,  Date
in the Stat	e named entity submits this statement for the te of Florida. JRE:	Agent	
in the Stat	e named entity submits this statement for the te of Florida.  JRE:  Electronic Signature of Registered A  RS AND DIRECTORS:  PD () Delete ROLLE, CLAUDE 1145-101 ST #1	Agent ADDITIONS/CHANGE	Date
in the State SIGNATU  OFFICER  Title: Name: Address:	e named entity submits this statement for the te of Florida.  JRE:  Electronic Signature of Registered A  S AND DIRECTORS:  PD () Delete ROLLE, CLAUDE 1145-101 ST #1 BAY HARBOR ISL., FL 33154  TD () Delete ROSA, SAMUEL 1145-101 STREET #2	Agent  ADDITIONS/CHANGE  Title: ( Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS

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: SAMUEL ROSA TD 05/01/2007