


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90051 030 ****61.25

DOCUMENT # 745751	
1. Entity Name ISLA DEL CAPRI ADULT CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 11655 3RD ST E TREASURE ISLAND, FL 33706 US	Mailing Address 250 104TH AVE TREASURE ISLAND, FL 33706 US
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40020043



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01162007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number
59-1941148

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
LAMONT, SUE 250 104TH AVE TREASURE ISLAND, FL 33706	

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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	STD <input type="checkbox"/> Delete
NAME	PULIS, LENA ABELA
STREET ADDRESS	5 KENNETH AVE. # 205
CITY-ST-ZIP	N YORK, ONTARIO, CANADA, m2n 6m7
TITLE	D <input type="checkbox"/> Delete
NAME	IGLEHEART, SEANNIE
STREET ADDRESS	1135 PASADENA AVE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707
TITLE	PD <input type="checkbox"/> Delete
NAME	GRAMLICH, EVA
STREET ADDRESS	11655 3RD ST E
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	VD <input type="checkbox"/> Delete
NAME	WALTER, DOMINICK
STREET ADDRESS	11655 3RD ST E, # 5
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	D <input type="checkbox"/> Delete
NAME	GOTTSCHALL, DAVID
STREET ADDRESS	11655 3RD ST E, # 7
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 line empowered.

SIGNATURE: *Eva Gramlich* **Eva Gramlich** **president** **2/12/07** **727-360-3644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #