2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 746777

Entity Name: ISLAND MOORINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

234 DOLPHIN PT
UNIT 4
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

234 DOLPHIN PT
UNIT 6
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 59-2389570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINDMAN, CAROL S
UNIT 4
234 DOLPHIN POINT
CLEARWATER BEACH, FL 33767 US

Name and Address of New Registered Agent:

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:

Title:	VP	( ) Delete
Name:	DAVIS, BETTE	
Address:	UNIT #3 234 DOLPHIN POINT	
City-St-Zip:	CLEARWATER, FL 33767	
Title:	PD	( ) Delete
Name:	POOK, PEACHES	
Address:	UNIT #1 234 DOLPHIN POINT	
City-St-Zip:	CLEARWATER, FL 33767	
Title:	SD	( ) Delete
Name:	PHILLIPS, BARBARA	
Address:	UNIT #5 234 DOLPHIN POINT	
City-St-Zip:	CLEARWATER, FL 33767	
Title:	TD	( ) Delete
Name:	HINDMAN, CAROL S	
Address:	UNIT 4 234 DOLPHIN POINT	
City-St-Zip:	CLEARWATER BEACH, FL 33767	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: CAROL S HINDMAN TD 04/27/2009
Electronic Signature of Signing Officer or Director — Date