

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746777

FILED  
Apr 18, 2011  
Secretary of State

**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:**

234 DOLPHIN PT  
UNIT 4  
CLEARWATER, FL 33767 US

**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  
**Name:** DAVIS, BETTE  
**Address:** UNIT #3 234 DOLPHIN POINT  
**City-St-Zip:** CLEARWATER, FL 33767

**Title:** PD  
**Name:** POOK, PEACHES  
**Address:** UNIT #1 234 DOLPHIN POINT  
**City-St-Zip:** CLEARWATER, FL 33767

**Title:** SD  
**Name:** PHILLIPS, BARBARA  
**Address:** UNIT #5 234 DOLPHIN POINT  
**City-St-Zip:** CLEARWATER, FL 33767

**Title:** TD  
**Name:** HINDMAN, CAROL S  
**Address:** UNIT 4 234 DOLPHIN POINT  
**City-St-Zip:** CLEARWATER BEACH, FL 33767

I hereby 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 all other like empowered.

**SIGNATURE:** CAROL HINDMAN

TD

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date