2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747912

FILED Jaņ 30, 2<u>00</u>9 Secretary of State

Entity Name: THE VILLAGE ON ISLAND ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

251 WINDWARD PASSAGE

SUITE F

CLEARWATER, FL 33767 US

New Mailing Address: Current Mailing Address:

251 WINDWARD PASSAGE SUITE F

CLEARWATER, FL 33767 US

FEI Number: 59-1957145 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:

JIM NOBLES MANAGEMENT, RNC JIM NOBLES MANAGEMENT, INC 251 WINDWARD PASSAGE 251 WINDWARD PASSAGE SUITE F SUITE F

CLEARWATER, FL 33767 US CLEARWATER, FL 33767 US

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: SHERON O. NICHOLS 01/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition ROBERTS, DIANE RICCI, JOHN Name: Name: 240 WINDWARD PASSAGE #202 Address: 240 WINDWARD PASSAGE #303 Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Delete Title: (X) Change () Addition LYBRAND, STEPHEN Name: MACGILL, BOB Name: Address:

240 WINDWARD PASSAGE #605 Address: 240 WINDWARD PASSAGE #1101 City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER BEACH, FL 33767

Title: Title: (X) Change () Addition () Delete GREY, GARY LYBRAND, STEPHEN Name: Name:

240 WINDWARD PASSAGE #103 240 WINDWARD PASSAGE #605 Address: Address:

City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER BEACH, FL 33767

Title: SD () Delete Title: SD (X) Change () Addition Name: WALSER, DEBBIE Name: WALSER, DEBBIE 240 WINDWARD PASSAGE #1301 240 WINDWARD PASSAGE #1301 Address: Address:

City-St-Zip: CLEARWATER, FL 33707 City-St-Zip: CLEARWATER, FL 33767

Title: () Delete Title: (X) Change () Addition DAY, THOMAS ROBERTS, DIANE

Name: Name: 240 WINDWARD PASSAGE #602 240 WINDWARD PASSAGE #202 Address: Address: City-St-Zip: CLEARWATER, FL 33967 City-St-Zip: CLEARWATER, FL 33767

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 RICCI PD 01/30/2009