2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2006 8:00 am Secretary of State **DOCUMENT #749385** 04-19-2006 90111 020 ****61.25 ISLAND CREST CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 50013929 10680 SOUTH OCEAN DR. 10680 SOUTH OCEAN DR. JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2089361 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POLETTI, PETER J 10680 S OCEAN DR. Street Address (P.O. Box Number is Not Acceptable) **UNIT 1204** JENSEN BEACH, FL 34957 City Zio 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;tamiliar 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 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE XX Addition Carolyn Powell 10680 S. Ocean Dr POLETTI, PETER J NAME NAME STREET ADDRESS 10680 S OCEAN DR., UNIT 1204 STREET ADDRESS Jenson Boh FL 34957 CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP SD TITLE TITLE ☐ Change M Addition Delete POLETTI, PETER J NAME NAME STREET ADDRESS 10680 S OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME FERRARO, KAY NAME STREET ADDRESS 10680 S OCENA DR., UNIT 1208 STREET ADDRESS JENSEN BEACH, FL 34957 CITY-ST-7IP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition PELOSI, PETER NAME NAME STREET ADDRESS 10680 S OCEAN DR., UNIT 603 STREET ADDRESS JENSEN BEACH, FL 34957 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE D ☐ Addition LONG, GEORGE NAME NAME STREET ADDRESS 10680 S OCEAN DR., UNIT 101 STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROSS, ROBERT NAME 10680 S OCEAN DR., UNIT 1109 STREET ADDRESS STREET ADDRESS CITY-ST-7IP JENSEN BEACH, PC 34957 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment wit

SIGNATURE AND TYPED OR

SIGNATURE:

FILED