

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90105 001 ****61.25

DOCUMENT # 749385

1. Entity Name
ISLAND CREST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**10680 SOUTH OCEAN DR.
JENSEN BEACH, FL 34957**

Mailing Address
**10680 SOUTH OCEAN DR.
JENSEN BEACH, FL 34957**



02232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2089361

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**POLETTI, PETER J
10680 S OCEAN DR.
UNIT 1204
JENSEN BEACH, FL 34957**

**DO NOT WRITE
IN THIS SPACE**

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P POLETTI, PETER J 10680 S OCEAN DR., UNIT 1204 JENSEN BEACH, FL 34957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD POLETTI, PETER J 10680 S OCEAN DRIVE JENSEN BEACH, FL 34957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S POWELL, CAROLYN 10680 S OCEAN DR JENSEN BEACH, FL 34957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PELOSI, PETER 10680 S OCEAN DR., UNIT 603 JENSEN BEACH, FL 34957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LONG, GEORGE 10680 S OCEAN DR., UNIT 101 JENSEN BEACH, FL 34957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ROSS, ROBERT 10680 S OCEAN DR., UNIT 1109 JENSEN BEACH, FL 34957 |

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 8, 2007

Date

772-229-1897

Daytime Phone