

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90049 036 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2089361	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POLETTI, PETER J 10680 S OCEAN DR. UNIT 1204 JENSEN BEACH, FL 34957			Name Robert L. Ross Street Address (P.O. Box Number is Not Acceptable) 10680 S. OCEAN DR City Jensen Bch FL Zip Code 34957		
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, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	POLETTI, PETER J		NAME		
STREET ADDRESS	10680 S OCEAN DR., UNIT 1204		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	POLETTI, PETER J		NAME		
STREET ADDRESS	10680 S OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	POWELL, CAROLYN		NAME	Director	
STREET ADDRESS	10680 S OCEAN DR		STREET ADDRESS	10680 S. Ocean Dr #109	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	Jensen Bch FL 34957	
TITLE	T	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	PELOSI, PETER		NAME	Vice President	
STREET ADDRESS	10680 S OCEAN DR., UNIT 603		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	LONG, GEORGE		NAME	TREAS.	
STREET ADDRESS	10680 S OCEAN DR., UNIT 101		STREET ADDRESS	DON HORAN	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	10680 S. Ocean Dr #808	
TITLE	V	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	ROSS, ROBERT		NAME	President	
STREET ADDRESS	10680 S OCEAN DR., UNIT 1109		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
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:			Date 4/4/08 Daytime Phone # 772-229-1897		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					