

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90092 049 ****61.25

DOCUMENT # 749892

1. Entity Name

THE ISLANDER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

17006 GULF BLVD
N. REDINGTON BEACH FL 33708

Mailing Address

17006 GULF BLVD
N. REDINGTON BEACH FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2585750

Applied For

Not Applicable

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

JONES, CHRISTIE
3472 TEALWOOD CIRCLE
PALM HARBOR FL 34685-3147

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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 familiar with, and accept the obligations of registered agent.

SIGNATURE

No Change

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 SD ☐ Delete
NAME KAZAR, JENNIFER
STREET ADDRESS 8767 BRIDLEWOOD WAY N.
CITY-ST-ZIP SEMINOLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Zip 33777

TITLE PD ☐ Delete
NAME EBERSOL-ROFFLER, BERNICE
STREET ADDRESS 149 WATERWAY AVENUE
CITY-ST-ZIP SATSUMA FL 32189

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME STRICKLER, DALE H
STREET ADDRESS 5139 CHAMELEON COURT
CITY-ST-ZIP SPRINGHILL FL 34607-4404

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MONAGHAN, W. PATRICK
STREET ADDRESS 534 NORTH EAST OLIVE WAY
CITY-ST-ZIP BOCA RATON FL 33432-4152

TITLE ☒ Change ☐ Addition
NAME TO
STREET ADDRESS MONAGHAN
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MASTERS, DON
STREET ADDRESS 14928 NEWPORT ROAD
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Dale H. Strickler Dale H. Strickler, Director 3/2/04 727-391-0271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #