


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90036 042 \*\*\*\*61.25

<b>DOCUMENT # 749892</b> 1. Entity Name <b>THE ISLANDER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>17006 GULF BLVD N. REDINGTON BEACH, FL 33708</b>			Mailing Address <b>17006 GULF BLVD N. REDINGTON BEACH, FL 33708</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2585750</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WEAVER, JOEL R 1022 MAIN ST, SUITE D DUNEDIN, FL 34698</b>				7. Name and Address of New Registered Agent Name <b>Christie S. Jones</b> Street Address (P.O. Box Number is Not Acceptable) <b>2964 Kenilwick Dr. S.</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33761-3316</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KAZAR, JENNIFER</b> <b>8767 BRIDLEWOOD WAY N.</b> <b>SEMINOLE, FL 33777</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>EBERSOL-ROFFLER, BERNICE</b> <b>149 WATERWAY AVENUE</b> <b>SATSUMA, FL 32189</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STRICKLER, DALE H</b> <b>5139 CHAMELEON COURT</b> <b>SPRINGHILL, FL 346074404</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BOSS, JAMES "BUDDY"</b> <b>2217 BOGAERT RD</b> <b>DOVER, FL 33527</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bass not Boss</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE LONES, BERTHA</b> <b>4803 COTTEGE ST</b> <b>ZEPHYRHILLS, FL 33542</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Joseph D. Jeffords, III</b> <b>6021 Applecross St. N.</b> <b>St Petersburg, FL 33709-1465</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALLARD, FRED W</b> <b>246 176TH TERRACE E.</b> <b>REDINGTON SHORES, FL 33708</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Esther "Betty" Williams</b> <b>8501 141st St. N.</b> <b>Seminole, FL 33542</b>	
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.					
<b>SIGNATURE: Dale H. Strickler, President</b> <b>MARCH 30, 2007</b> <b>727-391-0271</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small> <b>Dale H. Strickler</b> <b>EXT 100</b>					

