

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90122 008 ****61.25

DOCUMENT # 749991

1. Entity Name

ISLAND VIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

241 SKIFF PT. #4
CLEARWATER FL 33767

Mailing Address

241 SKIFF PT. #4
CLEARWATER FL 33767



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1978983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT
241 SKIFF PT. #4
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

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

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, 2006

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

TITLE PD
NAME JOHNSON, ROBERT ☐ Delete
STREET ADDRESS 241 SKIFF PT #4
CITY-ST-ZIP CLEARWATER FL 33767

TITLE V ☒ Delete
NAME NEWHOUSE, ROBERT
STREET ADDRESS 231 SKIFF PT #6
CITY-ST-ZIP CLEARWATER FL 33767

TITLE SD ☒ Delete
NAME LONG, ROBIN JACQUELINE
STREET ADDRESS 241 SKIFF PT #3
CITY-ST-ZIP CLEARWATER FL 33767

TITLE TR ☒ Delete
NAME JOHNSON, LINDA
STREET ADDRESS 241 SKIFF PT #4
CITY-ST-ZIP CLEARWATER FL 33767

TITLE V ☐ Delete
NAME Floyd Robert
STREET ADDRESS 241 SKIFF PT #2
CITY-ST-ZIP Clearwater FL 33767

TITLE Eddy ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE V ☐ Change ☒ Addition
NAME Floyd Robert
STREET ADDRESS 241 SKIFF PT #2
CITY-ST-ZIP Clearwater FL 33767

TITLE TR ☐ Change ☐ Addition
NAME Long, Robin Jacqueline
STREET ADDRESS 241 SKIFF PT #3
CITY-ST-ZIP Clearwater FL 33767

TITLE SD ☐ Change ☒ Addition
NAME Floyd Judy
STREET ADDRESS 241 SKIFF PT #2
CITY-ST-ZIP Clearwater FL 33767

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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

JA LONG

03/08/06

727 462-8365

Date

Daytime Phone #