

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753642

FILED
Apr 09, 2006
Secretary of State

Entity Name: ISLAND VILLAGE CONDOMINIUM ASSOCIATION OF HOLMESBEACH, INC.

Current Principal Place of Business:

4255 GULF DRIVE
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

63 SARASOTA CENTER BLVD
SUITE 104
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 59-2643125 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ADI PROPERTY MANAGEMENT
63 SARASOTA CENTER BLVD
SUITE 104
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LAMB, TED
Address: 4255 GULF DR. #109
City-St-Zip: HOLMES BEACH, FL 34217

Title: SD () Delete
Name: NOLAN, HELEN
Address: 4255 GULF DRIVE
City-St-Zip: HOLMES BEACH, FL 34217

Title: P () Delete
Name: CONNELLAN, SEAN
Address: 4255 GULF DRIVE UNIT 120
City-St-Zip: HOLMES BEACH, FL 34217

Title: VP () Delete
Name: MACKINTOSH, ROSS
Address: 4255 GULF DR
City-St-Zip: HOLMES BEACH, FL 34217

Title: ASD () Delete
Name: ADI PROPERTY MANAGEM, ENT
Address: 63 SARASOTA CENTER BLVD, SUITE 104
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: STEVE, SIMPSON
Address: 4255 GULF DRIVE
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SUZANNE, BALDINI
Address: 4255 GULF DRIVE UNIT 119
City-St-Zip: HOLMES BEACH, FL 34217

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN CONNELLAN

P

04/09/2006

Electronic Signature of Signing Officer or Director

Date