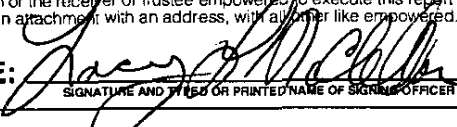


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90011 025 ****61.25

DOCUMENT # 753890 1. Entity Name ISLAND INN CONDOMINIUM MOTEL ASSOCIATION, INC.					
Principal Place of Business 9980 GULF BOULEVARD TREASURE ISLAND, FL 33706			Mailing Address 9980 GULF BOULEVARD TREASURE ISLAND, FL 33706		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number 59-2130015	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZACUR, RICHARD A. % MENS. ZACUR & GRAHAM, P.A. 5200 CENTRAL AVENUE ST. PETERSBURG, FL 33733				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 renewing)					
Filing 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, MICHAEL F.		NAME		
STREET ADDRESS	1901 COUNTRY CLUB CT.		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BROWNEE, CARL		NAME		
STREET ADDRESS	PO BOX 1030		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 335641030		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COLE, ALBERT		NAME		
STREET ADDRESS	PO DRAWER 00		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 3356		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	RATCLIFF, GUY		NAME	VD RATCLIFF, GUY 13834 MEADOW OAKS DR DOVER FL 33527	
STREET ADDRESS	13834 MEADOWSONKS DR		STREET ADDRESS		
CITY-ST-ZIP	DOVER, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCCLELLAN, LACEY L		NAME		
STREET ADDRESS	138 107TH AVE, BOX 329		STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			1-28-04 813-477-4773		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		