2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 753890

1. Entity Name
ISLAND INN CONDOMINIUM MOTEL ASSOCIATION,INC.

Principal Place of Business	Mailing Address
9980 GULF BOULEVARD TREASURE ISLAND, FL 33706	9980 GULF BOULEVARD TREASURE ISLAND, FL 33706

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01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2130015
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZACUR, RICHARD A.
% MENSH, ZACUR & GRAHAM, P.A.
5200 CENTRAL AVENUE
ST. PETERSBURG, FL 33733

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, MICHAEL F.
STREET ADDRESS	1901 COUNTRY CLUB CT.
CITY-ST-ZIP	PLANT CITY, FL
TITLE	VP
NAME	BROWNLEE, CARL
STREET ADDRESS	PO BOX 1030
CITY-ST-ZIP	PLANT CITY, FL 335641030
TITLE	TD
NAME	COLE, ALBERT
STREET ADDRESS	PO DRAWER 00
CITY-ST-ZIP	PLANT CITY, FL 3356
TITLE	VD
NAME	RATCLIFF, GUY
STREET ADDRESS	13834 MEADOW OAKS DR.
CITY-ST-ZIP	DOVER, FL 33527
TITLE	D
NAME	MCCLELLAN, LACEY L
STREET ADDRESS	136 107TH AVE, BOX 329
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000409843
02/03/06-80012-020 61.25

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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.

SIGNATURE: [signature] 1-6-06 813-4704773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #