2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#753890

FILED Feb 04, 2009 Secretary of State

Entity Name: ISLAND INN CONDOMINIUM MOTEL ASSOCIATION, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	BOULEVARD EISLAND, FL				
Current Mailing Address:			New Mailing Address:		
	BOULEVARD EISLAND, FL				
FEI Number:	59-2130015	FEI Number Applied For ()	FEI Number Not Applicable	e () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Add	Iress of New Registered Agent:	
ZACUR, RICHARD A. % MENSH, ZACUR & GRAHAM, P.A. 5200 CENTRAL AVENUE ST. PETERSBURG, FL 33733 US 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:					
	Electron	ic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () SMITH, MICHAE 1901 COUNTRY PLANT CITY, FL	CLUB CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BROWNLEE, CA 1446 WALDON PLANT CITY, FL	OAK PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () COLE, ALBERT 104 GRANADA (PLANT CITY, FL	COURT NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () DOHERTY, CHA 1939 TREADWE WESTLAND, MI	ELL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCCLELLAN, LA 11675 4TH STR		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: CARL BROWNLEE VP 02/04/2009