

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756225

FILED
Feb 03, 2009
Secretary of State

Entity Name: ISLES OF THE BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7740 BOCA CEIGA DR
ST. PETE BEACH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

1110 PINELLAS BAYWAY
#207
TIERRA VERDE, FL 33715 US

New Mailing Address:

FEI Number: 59-2138887 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TIERRA VERDE PROPERTY MANAGEMENT
1110 PINELLAS BAYWAY #207
TIERRA VERDE, FL 33715 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: VD () Delete
Name: WILLIAMS, AMY
Address: 1110 PINELLAS BAYWAY #207
City-St-Zip: TIERRA VERDE, FL 33715

Title: PD () Delete
Name: DAVIS, CECIL
Address: 1110 PINELLAS BAYWAY #207
City-St-Zip: TIERRA VERDE, FL 33715

Title: STD () Delete
Name: FRITZ, PETER
Address: 1110 PINELLAS BAYWAY #207
City-St-Zip: TIERRA VERDE, FL 33715

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:

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: CECIL DAVIS

PD

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date