


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90326 049 \*\*\*\*61.25

<b>DOCUMENT # 758941</b> 1. Entity Name <b>ISLAND SUN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 12525 3RD STREET, E. SUITE 304 TREASURE ISLAND, FL 33706 US			Mailing Address C/O LAMONT MANAGEMENT 250 104TH LANE TREASURE ISLAND, FL 33706 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		02222005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-2259003</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LAMONT, SUE</b> <b>250 104TH AVE.</b> <b>SUITE 104</b> <b>TREASURE ISL, FL 33706</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, HENDRY 12525 3RD STREET, E., SUITE 304 TREASURE ISLAND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLARD, BETTY 12525 3RD STREET E, #204 TREASURE ISLAND, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, CHARLES 12525 3RD ST 3, #305 TREASURE ISL, FL 00000, 33706	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, DUANE 12525 3RD STREET E, #201 TREASURE ISLAND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, POLLARD 12525 3RD ST E #301 SAINT PETERSBURG, FL 33706	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGANO, DON 12525 3RD STREET E. #302 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, MARILYN 12525 3RD STREET E. #303 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, STEPHANIE 12525 3RD STREET E. #103 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE: <u>Don Rigano</u> DON RIGANO 4/14/05 727-360-3644</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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