

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758941

FILED
Mar 20, 2009
Secretary of State

Entity Name: ISLAND SUN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12525 3RD STREET, E.
SUITE 304
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

C/O LAMONT MANAGEMENT
250 104TH LANE
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: 59-2259003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT, SUE
250 104TH AVE.
SUITE 104
TREASURE ISL, FL 33706 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: PST () Delete
Name: DAVID, HENDRY
Address: 12525 3RD STREET, E., SUITE 304
City-St-Zip: TREASURE ISLAND, FL

Title: PD () Delete
Name: WILLIARD, BETTY
Address: 12525 3RD ST. E., 204
City-St-Zip: TREASURE ISLAND, FL 33706

Title: STD () Delete
Name: SHIPMAN, JOHN
Address: 12525 3RD ST. E., 101
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP () Delete
Name: PETERSON, DUANE
Address: 12525 3RD STREET E, #201
City-St-Zip: TREASURE ISLAND, FL

Title: D () Delete
Name: KARPOWICZ, JOHN
Address: 12525 3RD ST. E., 305
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: RUZAK, ELIZABETH
Address: 12525 3RD STREET, E., SUITE 203
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SHIPMAN, JOHN
Address: 12525 3RD ST. E., 101
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHWARTZ, GENE
Address: 511 PHEASANT LANE
City-St-Zip: TOMS RIVER, NJ 08753

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: BETTY WILLARD

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date