

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90060 013 ****61.25

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03112005 Chg-NP CR2E037 (10/03)

DOCUMENT # 762976					
1. Entity Name THE ISLAND PLACE AT CEDAR KEY CONDOMINIUM OWNER'S ASSOCIATION, INC.					
Principal Place of Business CORNER OF 1ST & C ST POB 687 CEDAR KEY, FL 32625			Mailing Address CORNER OF 1ST & C ST POB 687 CEDAR KEY, FL 32625		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2304656	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REID, HAL 1247 SE 3RD STREET OCALA, FL 32671			Name <i>A. Pap Jacobson</i> Street Address (P.O. Box Number is Not Acceptable) <i>1428 NW 15th Ln</i> City <i>Gainesville</i> FL Zip Code <i>32606</i>		
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 <i>A. Pap Jacobson</i>				DATE <i>4/14/05</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>SEC.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSDORF, VALARIE		NAME	<i>SUSDORF, VALARIE</i>	
STREET ADDRESS	16970 SE 45TH CT		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARSS, GINI		NAME		
STREET ADDRESS	WHITMAN PT #C		STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 32625		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<i>PRES.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, PAGE		NAME	<i>JACOBSON, PAGE</i>	
STREET ADDRESS	4909 NW 27TH COURT		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/> Delete	TITLE	<i>D.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, HAL		NAME	<i>REID, HAL</i>	
STREET ADDRESS	1247 SE 3RD STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 32671		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<i>V.P.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIBODEAU, PATRICIA		NAME	<i>THIBODEAU, PATRICIA</i>	
STREET ADDRESS	16931 SW 133 STREET		STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 32625		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ELLIS		NAME		
STREET ADDRESS	107 RIDLEY AVE.		STREET ADDRESS		
CITY-ST-ZIP	LAGRANGE, GA 30240		CITY-ST-ZIP		
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.					
SIGNATURE: <i>A. Pap Jacobson</i>				DATE <i>4/14/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				Daytime Phone #	