


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2304656	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

8. Name and Address of Current Registered Agent

**JACOBSON, A. PAGE
14128 NW 15TH LN
GAINESVILLE, FL 32806**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSDORE, VALARIE 16970 SE 45TH CT SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARSS, GINI WHITMAN PT #C CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBSON, PAGE 4909 NW 27TH COURT GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATILLO, FRANK POB 368 CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THIBODEAU, PATRICIA 16931 SW 133 STREET CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ELLIS 107 RIDLEY AVE. LAGRANGE, GA 30240

U00000674949
03/29/07-80089-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jula Bann* 3/20/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #