


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90072 002 \*\*\*\*61.25

<b>DOCUMENT # 762976</b>					
<b>1. Entity Name</b> THE ISLAND PLACE AT CEDAR KEY CONDOMINIUM OWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> CORNER OF 1ST & C ST POB 687 CEDAR KEY, FL 32625		<b>Mailing Address</b> CORNER OF 1ST & C ST POB 687 CEDAR KEY, FL 32625			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2304656	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JACOBSON, A. PAGE 14128 NW 15TH LN GAINESVILLE, FL 32606			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE <u>Jula Bais</u>		SIGNATURE <u>Jacobson</u>		DATE <u>3/10/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSDORE, VALARIE		NAME		
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	P	<input type="checkbox"/> Delete	TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, PAGE		NAME	Jacobson, Page	
STREET ADDRESS	4909 NW 27TH COURT		STREET ADDRESS	4909 NW 27 Court	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATILLO, FRANK		NAME	Patillo, Frank	
STREET ADDRESS	POB 366		STREET ADDRESS	POB 366	
CITY-ST-ZIP	CEDAR KEY, FL 32625		CITY-ST-ZIP	Cedar Key, FL 32625	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THIBODEAU, PATRICIA		NAME	Wynne, Bill	
STREET ADDRESS	16931 SW 133 STREET		STREET ADDRESS	PO Box 1609	
CITY-ST-ZIP	CEDAR KEY, FL 32625		CITY-ST-ZIP	Orlando, FL 32644	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ELLIS		NAME	Turner, Paul	
STREET ADDRESS	107 RIDLEY AVE.		STREET ADDRESS	830 SE 13th Ave	
CITY-ST-ZIP	LAGRANGE, GA 30240		CITY-ST-ZIP	Orala, FL 34471	
<b>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.</b>					
SIGNATURE: <u>Jula V. Bais</u>		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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