


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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|--|--|---|---|--|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2304656 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JACOBSON, A. PAGE 14128 NW 15TH LN GAINESVILLE, FL 32606 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 <u><i>Jula B...</i></u> <u><i>J...</i></u> <u><i>3/6/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | S SUSDORE, VALARIE 16970 SE 45TH CT SUMMERFIELD, FL 34491 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BARSS, GINI WHITMAN PT #C CEDAR KEY, FL 32625 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JACOBSON, PAGE 4909 NW 27TH COURT GAINESVILLE, FL 32606 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Jacobson, Page</i> <i>4909 NW 27th Court</i> <i>Gainesville, FL 32606</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATILLO, FRANK POB 366 CEDAR KEY, FL 32625 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Patillo, Frank</i> <i>POB 366</i> <i>Cedar Key, FL 32625</i> | |
| 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 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D Wynne, Bill</i> <i>PO Box 1609</i> <i>Orlando, FL 32644</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, ELLIS 107 RIDLEY AVE. LAGRANGE, GA 30240 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Turner, Paul</i> <i>830 SE 13th Ave</i> <i>Ocala, FL 34471</i> | |
| 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: <u><i>Jula V. B...</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |

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