

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762976

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE ISLAND PLACE AT CEDAR KEY CONDOMINIUM OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

CORNER OF 1ST & C ST
POB 687
CEDAR KEY, FL 32625

New Principal Place of Business:

CORNER OF 1ST & C ST
550 1ST STREET
CEDAR KEY, FL 32625

Current Mailing Address:

CORNER OF 1ST & C ST
POB 687
CEDAR KEY, FL 32625

New Mailing Address:

FEI Number: 59-2304656 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JACOBSON, A. PAGE
14128 NW 15TH LN
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

PATILLO, FRANK
12770 JERNIGAN AVE
CEDAR KEY, FL 32625 US

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: PATTI S. COLLINS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SUSDORE, VALARIE
Address: 16970 SE 45TH CT
City-St-Zip: SUMMERFIELD, FL 34491

Title: T () Delete
Name: BARSS, GINI
Address: WHITMAN PT #C
City-St-Zip: CEDAR KEY, FL 32625

Title: V () Delete
Name: JACOBSON, PAGE
Address: 4909 NW 27 COURT
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D () Delete
Name: PATILLO, FRANK
Address: PO BOX 366
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: WYNNE, BILL
Address: PO BOX 1609
City-St-Zip: CEDAR KEY, FL 32625

Title: D (X) Delete
Name: TURNER, PAUL
Address: 830 SE 13TH AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: TURNER, PAUL
Address: 830 SE 13TH AVE
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: WYNNE, BILL
Address: US 19 N LEVY OFFICE COMPLEX SUITE 2
City-St-Zip: CHIEFLAND, FL 32626

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

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: PATTI S. COLLINS/ FRANK PATILLO

MGR

04/20/2009

Electronic Signature of Signing Officer or Director

Date