2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766640

City-St-Zip:

GROVELAND, FL 34736

FILED Apr 20, 2007 Secretary of State

Entity Nar	me: ISLAND (GULF RES	SORT CONDOMINIU	JM ASSO	CIATION, IN	IC.		
Current Principal Place of Business:					New Principal Place of Business:			
13912 GUI MADEIRA	LF BLVD. BCH., FL 337	08						
Current Mailing Address:					New Mailing Address:			
13912 GUI MADEIRA	LF BLVD. BCH., FL 337	08						
FEI Number:	: 59-2935048	FEI Num	ber Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
MCNEW, JO-ANN 12300 GULF BLVD., SUITE #101 TREASURE ISLAND, FL 33706 US					MCNEW, JO-ANN 12300 GULF BLVD. TREASURE ISLAND, FL 33706 US			
	named entity s e of Florida.	submits th	is statement for the p	ourpose o	f changing it	ts registere	ed office or registered agent, or both,	
SIGNATURE:					04/20/2007			
	Electror	nic Signatu	re of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () RICHARD, PAR PO BOX 1325 PORTAGE, IN				Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () CREAN, BILL, 8440 GLENGAI NEW PORT RIG				Title: Name: Address: City-St-Zip:		(X) Change()Addition ILL, NGARRY PLACE T RICHEY, FL 34655	
Title: Name: Address:	VD () MCCURDY, JAI 150 QUAIL OAI				Title: Name: Address:	VD DELAND, F 7707 JACK	(X) Change()Addition PAUL (SON SPRINGS RD	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

TAMPA, FL 33615

SIGNATURE: JOANN MCNEW 04/20/2007 RA