

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770484

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** ISLAND BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8270 COLLEGE PKWY  
#104  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

8270 COLLEGE PKWY  
#104  
FORT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 59-2614398      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONRAD, DEBBIE  
C/O PARAGON FINANCIAL SERVICES  
8270 COLLEGE PKWY #104  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BYERS, PHILIP  
Address: 4001 WOODCASTLE RD  
City-St-Zip: EVANSVILLE, IN 47711

Title: PD  
Name: LANDISI, RON  
Address: 392 ESTERO BLVD, # 605  
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: TD  
Name: NUNN, ROBERT  
Address: 392 ESTERO BLVD #607  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SD  
Name: ROHRBACHER, MICHAEL  
Address: 8990 BURR OAK ROAD  
City-St-Zip: ROSCOE, IL 61073

Title: D  
Name: BORNEMAN, DAVID  
Address: 3544 GORDON ROAD  
City-St-Zip: ELKHART, IN 46516

I hereby 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 all other like empowered.

SIGNATURE: ROBERT NUNN

TD

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date