

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K24418

**FILED
Apr 29, 2005
Secretary of State**

Entity Name: ISLAMORADA RESORT, INC.

Current Principal Place of Business:

M.M. 82 BAYSIDE
96 MADEIRA ROAD
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 289
ISLAMORADA, FL 33036 US

New Mailing Address:

FEI Number: 65-0056251 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OTTO-FITZDAM, WAYNE CPA
19890 SW 272 STREET
HOMESTEAD, FL 33031 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: OTTO-FITZDAM, WAYNE,
Address: 19890 SW 272 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: PD () Delete
Name: KULISKY, FRANK R.,
Address: 124 BAYVIEW ISLE DR., P.O. BOX 869
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK R. KULISKY

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date