


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2005 8:00 am
Secretary of State

04-26-2005 90145 012 ****61.25

DOCUMENT # N00571 1. Entity Name ISLANDER COMMERCIAL CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 571 BALD EAGLE DR MARCO ISLAND, FL 34145 US	Mailing Address 571 BALD EAGLE DR MARCO ISLAND, FL 34145 US
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DO NOT WRITE IN THIS SPACE

66022818



04182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2350608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PENZO, PHILIP
571 BALD EAGLE DR
MARCO ISLAND, FL 34145**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAIN, MAIDA 575 BALD EAGLE DR. MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENZO, PHILIP 571 BALD EAGLE DRIVE MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IRISUYEN, KIM 565 BALD EAGLE DR MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOSCO, JOHN 563 BALD EAGLE DR MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phil Penzo

6/13/05 239-642-9292

Date Daytime Phone *