


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00571</b>		
1. Entity Name ISLANDER COMMERCIAL CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 571 BALD EAGLE DR MARCO ISLAND, FL 34145 US	Mailing Address 571 BALD EAGLE DR MARCO ISLAND, FL 34145 US	



04242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  PENZO, PHILIP 571 BALD EAGLE DR MARCO ISLAND, FL 34145
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**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 reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U000000937562  
05/27/08-80055-001 61.25

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 BOLD 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 exemptions contained 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 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

*Philip Penzo*

*4/26/08*

*231-894-7513*

Date

Daytime Phone \*