


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

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00771</b> 1. Entity Name ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 724 BAYWAY BOULEVARD UNIT 1A CLEARWATER, FL 33767	Mailing Address 724 BAYWAY BOULEVARD UNIT 1A CLEARWATER, FL 33767
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**DO NOT WRITE IN THIS SPACE**

01172005 No Chg-NP	CR2E037 (10/03)
4. FEI Number NOT APPLICABLE	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**

A.T. COOPER, III  
 1230 MYRTLE AVENUE SOUTH  
 SUITE 102  
 CLEARWATER, FL 34616

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASEY, PAULA 724 BAYWAY BLVD #3A CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, DAVID 724 BAYWAY BLVD. #3A CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CRAIG, ANTHONY 724 BAYWAY BLVD #1A CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**12.** I hereby certify that the information supplied with this filing does not qualify 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 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:**   1-23-05 927 466 6546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #