


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00771</b> 1. Entity Name ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 724 BAYWAY BOULEVARD UNIT 1A CLEARWATER, FL 33767	Mailing Address 724 BAYWAY BOULEVARD UNIT 1A CLEARWATER, FL 33767
--	--

DO NOT WRITE IN THIS SPACE



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	PD SAUNDERS, SHIRLEY 724 BAY WAY BLVD #2B CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAUNDERS, BILL 724 BAY WAY BLVD #2B 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000589859  
 01/18/07-80013-014 61.25

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:** Craig Anthony **Craig Anthony** 1-12-07 727 466 6546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #