


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90470 023 ****61.25

DOCUMENT # N01178					
1. Entity Name ISLAND PARK WOODS, UNIT I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908 US			Mailing Address 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2446396	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SAPP, PAUL 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, KAREN L		NAME	Karen Bryant	
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS	15660 San Carlos Blvd #40	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MAR ANN		NAME	Pam Lacey	
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Fort Myers FL 33908	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Pam Arndt SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUDEN, FRANK (LARRY)		NAME	15660 San Carlos Blvd. #40	
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS	Fort Myers, FL 33908	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S Paul Sapp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	15660 San Carlos Blvd. #40	
STREET ADDRESS			STREET ADDRESS	Fort Myers, FL 33908	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <i>Paul Sapp</i>			4/26/06 239 481-1527		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		