



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90098 012 ****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 - No P.O. Box # 14360 S. Tamiami Trail Suite, Apt. #, etc. Unit B City & State Fort Myers, Florida Zip 33912		3. Mailing Address 14360 S. Tamiami Trail Suite, Apt. #, etc. Unit B City & State Fort Myers, Florida Zip 33912			
Country USA		Country USA		01092007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2446396				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 SAPP, PAUL 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	
7. Name and Address of New Registered Agent Name Sapp, Paul Street Address (P.O. Box Number is Not Acceptable) 14360 S. Tamiami Trail, Unit B City Fort Myers FL Zip Code 33912				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 <i>Paul L Sapp</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1-02-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRYANT, KAREN L 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14360 S. Tamiami Trail, Unit B Ft. Myers, FL. 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LACEY, PAM 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14360 S. Tamiami Trail, Unit B Ft. Myers, FL. 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNDT, PAM 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14360 S. Tamiami Trail, Unit B Ft. Myers, FL. 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAPP, PAUL 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ptm Property Management 14360 S. Tamiami Trail, Unit B Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 L Sapp</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 1-10-2007 239 481-1577 <small>Date Daytime Phone #</small>	