

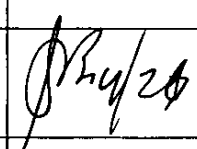


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N02000000970</b> 1. Entity Name <b>FRIENDS OF THE ISLAND PARKS, INC.</b>						FILED 06 APR 25 PM 2:06 TALLAHASSEE, FLORIDA	
Principal Place of Business <b>#1 CAUSEWAY BOULEVARD DUNEDIN, FL 34698</b>				Mailing Address <b>#1 CAUSEWAY BOULEVARD DUNEDIN, FL 34698</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent  <b>BERGERON, STEPHANIE #1 CAUSEWAY BOULEVARD DUNEDIN, FL 34698</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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>							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	T	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARION, JACQUES			NAME			
STREET ADDRESS	2940 BRIDGEWOOD DR			STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 34683			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERGERON, STEPHANIE			NAME			
STREET ADDRESS	POST OFFICE BOX 542			STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34697			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BITTAKER, SHANE			NAME			
STREET ADDRESS	1242 IDLEWID DRIVE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33755			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLINS, GABRIELLA			NAME			
STREET ADDRESS	975 BROADWAY			STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, LINDA			NAME			
STREET ADDRESS	929 BAY ESPLANADE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33767			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HESS, SALLY			NAME			
STREET ADDRESS	423 GRANT STREET			STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698			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.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-23-06 727-733-7762 <small>Date Daytime Phone #</small>			

D

CAGLE, MEGAN  
11916 STEPPINGSTONE BLVD.  
TAMPA, FL 33635

D

HOOD, R. SCOTT  
2842 LONGVIEW DR.  
CLEARWATER, FL 33761

D

LINN, PAT  
1100 CURLEW RD. #41  
DUNEDIN, FL 34698

D

MARSHALL, CAPTAIN SAM  
4902 HARBORWOODS DR.  
PALM HARBOR, FL 34698

T

MARTIN, SAM  
423 GRANT ST.  
DUNEDIN, FL 34698

S

PARKS, SALLIE  
1334 MICHIGAN AVE.  
PALM HARBOR, FL 34698

V

SKALKERS, GEORGE A.  
1628 BRANDYWINE WAY  
DUNEDIN, FL 34698



Jeb Bush  
Governor

# Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Colleen M. Castille  
Secretary

April 6, 2006

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that the Friends of the Island Parks, Inc. is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/pwf

Attachments