


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000970		
1. Entity Name FRIENDS OF THE ISLAND PARKS, INC.		

Principal Place of Business #1 CAUSEWAY BOULEVARD DUNEDIN, FL 34698	Mailing Address #1 CAUSEWAY BOULEVARD DUNEDIN, FL 34698
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

FILED
08 APR 29 AM 8:14
CLERK OF STATE
TALLAHASSEE, FLORIDA



01172008 Chg-NP CR2E037 (12/06)

4. FEI Number 27-0001681	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 SKALKEAS, GEORGE A 1628 BRANDYWINE WAY DUNEDIN, FL 34698	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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	D MARION, JACQUES 2940 BRIDGEWOOD DR PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JW/29
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITTAKER, SHANE 1242 IDLEWILD DRIVE CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition IDLEWILD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, GABRIELLA 975 BROADWAY DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, LINDA 929 BAY ESPLANADE CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKALKEAS, GEORGE 1628 BRANDYWINE WAY DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOOD, SCOTT 1448 MAHOGANY LANE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2206 SNEAD AVE. DUNEDIN, FL 34698

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: _____ DATE: 4/2/08 727-733-5188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title Name Street Address City, St, Zip	D Rebecca Hallstrom 1464 Mahogany Lane Palm Harbor, FL 34683
Title Name Street Address City, St, Zip	D Sharon Meyer 525 Bay Street Dunedin, FL 34698
Title Name Street Address City, St, Zip	P/D Barry Metcalfe 945 Waverly Street Oldsmar, FL 34677
Title Name Street Address City, St, Zip	S/D Ron Geisheimer 175 Nina Way Oldsmar, FL 34677
Title Name Street Address City, St, Zip	D Bob Meadows 2482 Quail Hollow Road W. Clearwater, FL 33761
Title Name Street Address City, St, Zip	D Ray Dabkowski 624 Magnolia Street Dunedin, FL 34698
Title Name Street Address City, St, Zip	D Marianne Davis 1820 Painted Bunting Circle Palm Harbor, FL 34683
Title Name Street Address City, St, Zip	D Diane Hood 2206 Snead Avenue Dunedin, FL 34698
Title Name Street Address City, St, Zip	D Skip Meadows 2842 Quail Hollow Road W. Clearwater, FL 33761
Title Name Street Address City, St, Zip	D Wayne Case 3301 Alt. 19 #350 Dunedin, FL 34698
Title Name Street Address City, St, Zip	D Mike Moran 340 Causeway Blvd. Dunedin, FL 34698



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 24, 2008

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

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

Please call Mary Hanley at 245-3081 if additional information is needed.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/mh

Enclosure