

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 15, 2008
Secretary of State**

DOCUMENT# N03000006394

Entity Name: ISLAND PLACE AT NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1455 N. TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

Current Mailing Address:

1455 N. TREASURE DRIVE
4-R
NORTH BAY VILLAGE, FL 33141 US

New Mailing Address:

1455 N. TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141

FEI Number: 41-2102833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EISINGER, PHILLIP ESQ
400 HOLLYWOOD BLVD
265-SO
HOLLYWOOD,, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BONHAM, DAVID
Address: 1455 N. TREASURE DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

Title: VP () Delete
Name: ARONSON, AMY
Address: 8200 NE 12 AVENUE
City-St-Zip: MIAMI, FL 33138 US

Title: SVD () Delete
Name: STEVANAZZI, MARISA
Address: 1455 N. TREASURE DRIVE
City-St-Zip: N9ORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BONHAM

PRES

07/15/2008

Electronic Signature of Signing Officer or Director

_____ Date