

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90396 047 \*\*\*\*61.25

<b>DOCUMENT # N03308</b> 1. Entity Name <b>ISLAND BEACH CLUB OF MANATEE COUNTY, CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3013 AVENUE F HOLMES BEACH, FL 34217</b>			Mailing Address <b>C/O SUZANNE THOMAS 210 PEACOCK LANE HOLMES BCH, FL 34217 US</b>		
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 <b>59-2533845</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOYNIHAM, PATRICIA ANN 514 BAYVIEW DRIVE HOLMES BCH., FL 34217</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)</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 NAME STREET ADDRESS CITY - ST - ZIP	PD WEBB, JO-AN M 3013 AVENUE F, UNIT #5 HOLMES BEACH, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> <div style="text-align: center; font-size: 1.2em;">34217</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JACOBY, BARBARA 7205 CHURSTON LN. UNIVERSITY PARK, FL 34201		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> <div style="text-align: center;"> <del>1299 ALBANY TAMIAMI TRAIL # 246</del>  <del>SARASOTA, FLA 34236-2467</del> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div> <div style="text-align: center;"> <b>VPD</b>  <b>PATRICIA MOYNIHAM</b>  <b>514 BAYVIEW DR, HOLMES BEACH, FL 34217</b> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div> <div style="text-align: center;"> <b>STD</b>  <b>VAIL WAGNER</b>  <b>3013 AVE F. #25</b>  <b>HOLMES BEACH, FL 34217</b> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
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> <i>Joan M Webb</i> <b>Joan M. Webb - Pres/Div. 4/1/06</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

941-718-7733