


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<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>
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01202008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2533845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MOYNIHAM, PATRICIA ANN 514 BAYVIEW DRIVE HOLMES BCH., FL 34217</b>
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**DO NOT WRITE  
IN THIS SPACE**

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, JO-AN M 3013 AVENUE F, UNIT #5 BRADENTON BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOYNIHAN, PATRICIA 514 BAYVIEW DR BRADENTON BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WAGNER, VAIL 3013 AVE F 25 BRADENTON BEACH, FL 34217
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03/05/08-80001-015 61.25

**DO NOT WRITE  
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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:** Jo-An Webb  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08 941-778-7733  
Date Daytime Phone #