

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90088 018 \*\*\*\*61.25

<b>DOCUMENT # N03840</b> 1. Entity Name <b>ISLAND ISLA CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>DEAN C CRANE</b> <b>328 SUDDUTH CR. NE</b> <b>FT WALTON BEACH FL 32548</b> <b>US</b>		Mailing Address <b>DEAN C. CRANE</b> <b>328 SUDDUTH CR. NE</b> <b>FT. WALTON BEACH FL 32548</b> <b>US</b>	
2. Principal Place of Business <b>805 HOLBROOK CIR</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 4704</b> Suite, Apt. #, etc.	
City & State <b>FT. WALTON BEACH, FL</b> Zip <b>32547</b> Country		City & State <b>FT. WALTON BEACH, FL</b> Zip <b>32549</b> Country	
4. FEI Number <b>59-2436930</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRANE, DEAN C.</b> <b>328 SUDDUTH CIRCLE, NW</b> <b>FT. WALTON BEACH FL 32548</b>		7. Name and Address of New Registered Agent Name <b>KAREN CRANE</b> Street Address (P.O. Box Number is Not Acceptable) <b>805 HOLBROOK</b> City <b>FT. WALTON BEACH</b> <b>FL</b> Zip Code <b>32547</b>	
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 <u><i>Karen R. Crane</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>3/8/05</i></u>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</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 CRANE, DEAN C 328 SUDDUTH CR NE FT. WALTON BCH FL <input checked="" 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	STD RABELL, FRANK 328 SUDDUTH CR NE FT. WALTON BCH FL <input type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>RABELL, FRANK</b> <b>116 S.E. TUPELO AVE</b> <b>FT. WALTON BCH., FL. 32548</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANE, KAREN R 805 HOLBROOK CIRCLE FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete	TITLE <b>STD</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CRANE, KAREN R.</b> <b>805 HOLBROOK CIRCLE</b> <b>FT. WALTON BCH., FL. 32547</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MCNEVIN, CYNTHIA</b> <b>6334 GLACIER LANE N.</b> <b>MAPLE GROVE, MN 55311</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karen R. Crane*

*3/8/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #