


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90458 023 ****61.25

DOCUMENT # N03840 1. Entity Name ISLAND ISLA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business DEAN C CRANE 805 HOLBROOK CIR FORT WALTON BEACH FL 32547 US	Mailing Address DEAN C. CRANE POB 4704 FORT WALTON BEACH FL 32549 US
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2. Principal Place of Business IsLA LLC Suite, Apt. #, etc. PO Box 461 City & State FT WALTON Beach, FL Zip 32549 Country USA	3. Mailing Address IsLA LLC Suite, Apt. #, etc. P.O. Box 461 City & State FT WALTON Beach, FL Zip 32549 Country OKA/005A
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1st MOORE CR2E037 (10/05)

4. FEI Number 59-2436930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRANE, KAREN 805 HOLBROOK FORT WALTON BEACH FL 32547	
7. Name and Address of New Registered Agent Name FRANCISCO RABELL Street Address (P.O. Box Number is Not Acceptable) 704 SAILFISH Drive City FT. WALTON Beach FL Zip Code 32548	

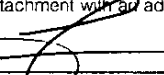
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  FRANCISCO RABELL Director
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABELL, FRANK 116 SE TUPELO AVE FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rabel, FRANK 704 Sailfish Drive Fort Walton Beach, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRANE, KAREN R 805 HOLBROOK CIRCLE FORT WALTON BEACH FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NINETTE RABELL-Johnson 704 SAILFISH Drive FT WALTON Beach FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEVIN, CYNTHIA 6334 GLACIER LANE N MAPLE GROVE MN 55311 <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	<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
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 exemptions contained in Section 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:  FRANCISCO RABELL 850.585.4748