


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90067 032 ****61.25

DOCUMENT # N04000001475

1. Entity Name
ISLAND PARK CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business
**333 S TAMiami TRAIL, STE 101
 VENICE, FL 34285**

Mailing Address
**333 S TAMiami TRAIL, STE 101
 VENICE, FL 34285**

40099193



2. Principal Place of Business - No P.O. Box #
**LIGHTHOUSE PROPERTY MGMT
 16 CHURCH ST**

3. Mailing Address
**40 LIGHTHOUSE PROPERTY MGMT
 16 CHURCH ST**

01152007 Chg-NP CR2E037 (12/06)

City & State
OSPREY FL

City & State
OSPREY, FL

Zip
34229

Country

4. FEI Number
34-1981945

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**MILLER, MICHAEL W
 333 S TAMiami TRAIL, STE 101
 VENICE, FL 34285**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
Clyde Roberts

Street Address
920 COOPER ST, UNIT 201

City
VENICE FL 34285

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. I accept the obligations of registered agent.

SIGNATURE: *Clyde K. Roberts*

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRISH, JAYNE E 333 S. TAMiami TRAIL, STE. 101 VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres</i> Bernie Sidley 940 Cooper Street, Unit 404 Venice, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, MICHAEL W 333 S TAMiami TRAIL, STE 101 VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD</i> Clyde Roberts 920 Cooper Street, Unit 201 Venice, FL 34285 <input checked="" 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	<i>Secy</i> William Lingley 940 Cooper Street, #301 Venice, FL 34285 <input checked="" 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
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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 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: *Clyde K. Roberts* Date: *1/24/2007*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR