
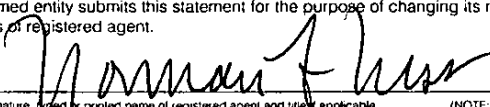
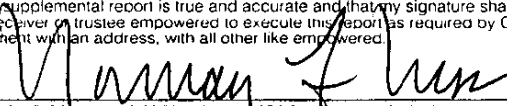


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90056 019 ****61.25

DOCUMENT # N04000001475			
1. Entity Name ISLAND PARK CONDOMINIUM OWNERS ASSOCIATION, INC.			
Principal Place of Business LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST OSPREY, FL 34229		Mailing Address C/O LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST OSPREY, FL 34229	
2. Principal Place of Business - No P O Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROBERTS, CLYDE 920 COOPER ST. UNIT 201 VENICE, FL 34285		7. Name and Address of New Registered Agent Name: NORMAN NESS Street Address (P.O. Box Number is Not Acceptable): 980 COOPER ST, UNIT 403 City: VENICE FL Zip Code: 34285	
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: 		DATE: 2/5/08	
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDLEY, BERNIE	NAME	
STREET ADDRESS	940 COOPER STREET, UNIT 404	STREET ADDRESS	
CITY - ST - ZIP	VENICE, FL 34285	CITY - ST - ZIP	
TITLE	VT <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CLYDE	NAME	DWIGHT HUBLEY
STREET ADDRESS	920 COOPER STREET UNIT 201	STREET ADDRESS	940 COOPER STREET, UNIT 401
CITY - ST - ZIP	VENICE, FL 34285	CITY - ST - ZIP	VENICE, FL 34285
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	Sec/TREAS. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINGLEY, WILLIAM	NAME	NORMAN NESS
STREET ADDRESS	940 COOPER STREET #301	STREET ADDRESS	980 COOPER ST, UNIT 403
CITY - ST - ZIP	VENICE, FL 34285	CITY - ST - ZIP	VENICE, FL 34285
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: 		DATE: 2/5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #: 941-486-8942	