


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
3 Apr 20, 2005 8:00 am
Secretary of State

03-24-2005 90046 037 ****61.25

DOCUMENT # N04000003058

1. Entity Name
ISLAND POINTE CONDOMINIUM ASSOCIATION OF MERRITT ISLAND, INC.



Principal Place of Business
**460 SAIL LANE
MERRITT ISLAND, FL 32853**

Mailing Address
**460 SAIL LANE
MERRITT ISLAND, FL 32853**

bb011330



2. Principal Place of Business
1000 Shorewood Drive
 Suite, Apt. #, etc.
Suite 200

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Cape Canaveral, FL

City & State

Zip
32920

Country
USA

Zip

Country

01032005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-1327743

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**AMARI, RICHARD, ESQ.
96 WILLARD STREET, SUITE 302
COCOA, FL 32922**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ENNETT, KOHN 1000 SHOREWOOD DRIVE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BENNETT, BRENDA 1000 SHOREWOOD DRIVE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WASDIN, MILLIE 1000 SHOREWOOD DRIVE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WASDIN, MILLIE 1000 SHOREWOOD DRIVE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bennett, Kohn (Correct Spelling)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 to this address, with all other like empowered.

SIGNATURE:  **3-18-05** **321-784-8093**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #