

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90005 025 ****70.00

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1. Entity Name
**THE ISLAND GRAND CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**875 PASADENA AVE. SOUTH, SUITE A
ST. PETERSBURG, FL 33707**

Mailing Address
**875 PASADENA AVE. SOUTH, SUITE A
ST. PETERSBURG, FL 33707**

DO NOT WRITE IN THIS SPACE



08242006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5430256
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POWELL, JOHN G
875 PASADENA AVE. SOUTH, SUITE A
ST. PETERSBURG, FL 33707**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **POWELL, JOHN G**
STREET ADDRESS **875 PASADENA AVE. SOUTH, SUITE A**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE **D**
NAME **POWELL, J. GRANT II**
STREET ADDRESS **875 PASADENA AVE. SOUTH, SUITE A**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE **D**
NAME **GRAHAM, PETER D**
STREET ADDRESS **5200 CENTRAL AVE.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/06
Date

727-341 0000
Daytime Phone #