

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90012 009 ****61.25

DOCUMENT # N04000004703

1. Entity Name
**ISLAND WALK ON ANNA MARIA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**6201 CORTEZ ROAD WEST
BRADENTON, FL 34201**

Mailing Address
**6201 CORTEZ ROAD WEST
BRADENTON, FL 34201**

2. Principal Place of Business

3. Mailing Address
P.O. Box 916

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bradenton, Florida

Zip

Country

Zip
34206

Country
USA

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-0577087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ODEN, JANET M
6201 CORTEZ ROAD WEST
BRADENTON, FL 34201**

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

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 May 1, 2006**

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 PD ☐ Delete
NAME ODEN, JANET M
STREET ADDRESS 6201 CORTEZ ROAD WEST
CITY-ST-ZIP BRADENTON, FL 34201

TITLE STD ☐ Delete
NAME ODEN, KEVIN S
STREET ADDRESS 6201 CORTEZ ROAD WEST
CITY-ST-ZIP BRADENTON, FL 34201

TITLE D ☐ Delete
NAME HARDY, DANIEL C
STREET ADDRESS 6201 CORTEZ ROAD WEST
CITY-ST-ZIP BRADENTON, FL 34201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet M. Oden
Date

(941) 746-4998

Daytime Phone #