2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

4/27/07

941-746-4998

DOCUMENT # N0400004703 1. Entity Name ISLAND WALK ON ANNA MARIA CONDOMINIUM ASSOCIATION, INC.								0.	5-03-200′	7 90038 0:	38 ****61	.25
6201 CORTEZ ROAD WEST				Mailing Address POB 916 BRADENTON, FL 34206			EARDHIES EN BRIS	EIEIL SPIN TUNI	BBIH BBIN BBIN B	ING ING MENGEL N	111 78) (1) 1881	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04302007 C	hg-NP	CR2E0	37 (12/06)	
City & State				City & State				4. FEI Number 20-057708	37			pplied For ot Applicable
Zip	Country			p	Cot	untry	5. Certificate of Status Desired Fee Requ			\$8.75 Ad Fee Require		
6. Name and Address of Current Registe								7. Name and Address of New Registered Agent				
ODEN, JANET M 6201 CORTEZ ROAD WEST BRADENTON, FL 34201						Name Diane S. Barcus Street Address (P.O. Box Number is Not Acceptable) 2233 11th Ave. W. City 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 agen	t and title if ap	•	ane E: Registere		ATCU re required	1 S d when reinstalling)		4/2 DATE	7/07	
Filing Fee Is \$61.25 Due by May 1, 2007				Election Campaign Finance Trust Fund Contribution.			\$5.00 May Be Added to Fees Add					
10.		OFFICERS AND D	RECTORS	3	11.			ADDITIONS/CHANG	ES TO OFF	ICERS AND D	IRECTORS I	V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	NET M RTEZ ROAD WEST FON, FL 34201		⊠ Delete			313	can, Joyc 3 64th St Lmes Beac		2/.217	☐ Change	★Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CIT	AE EET AODRESS Y-ST-ZIP					☐ Change	☐ Addition
indicated of the co	t on this repo rporation or t	e information supplied wit rt or supplemental report he receiver or trustee emp	is true and powered to	d accurate and that r	my signa i as requ	sture shall h	ave the	same legal effect as	; if made und	der oath; that I	am an office	t of gliector

Bignature and Typed or Printed Name of Signing Officer or Director

SIGNATURE: .