

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90255 023 ****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 POB 916 BRADENTON, FL 34206			
2. Principal Place of Business - No P.O. Box # 3639 CORTEZ Rd. W		3. Mailing Address				
Suite, Apt. #, etc. Ste. 109		Suite, Apt. #, etc.				
City & State BRADENTON, FL		City & State				
Zip 34210	Country U.S.A.	Zip	Country	4. FEI Number 20-0577087		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BARCUS, DIANE S 2233 11TH AVE W. BRADENTON, FL 34205			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
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 PD	NAME DORAN, JOYCE		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 313 64TH ST.	CITY-ST-ZIP HOLMES BEACH, FL 34217		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE DS	NAME BACCARI, JUDITH		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 318 63RD ST	CITY-ST-ZIP HOLMES BEACH, FL 34217		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE TD	NAME WHITAKER, KELLY		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 315 64TH ST.	CITY-ST-ZIP HOLMES BEACH, FL 34217		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE AS	NAME BARCUS, DIANE S		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 2233 11TH AVE. W	CITY-ST-ZIP BRADENTON, FL 34205		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME		<input type="checkbox"/> Delete	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 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: <i>Diane Barcus</i>			4/25/08 941-755-5898			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						