## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # No400006452 1. Entity Name 03-08-2006 90186 006 \*\*\*\*61.25 ISLAND VILLAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 650 W POPE RD 650 W POPE RD # 267 ST. AUGUSTINE FL 32080 ST. AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 20-1446048 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, KATHERINE G 780 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084 Street Address (P.O. Box Number is Not Acceptable) 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition Change TITLE Delete TITLE NAME HAYS, JAMES NAME STREET ADDRESS 413 OCEAN GROVE CIRCLE STREET ADDRESS ST. AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP VTD TITLE TITLE Addition Delete HATIN, JEFFREY NAME NAME 413 OCEAN GROVE CIRCLE STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP TITLE SD Detete TITLE ☐ Change GRIFFITH, STEPHEN NAME NAME 413 OCEAN GROVE CIRCLE STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32080 CITY-ST-7IP CITY-ST-7/P TITLE м ☐ Delete TITLE ☐ Change ☐ Addition GARDNER, PAUL W NAME NAME STREET ADDRESS 650 W POPE RD, #267 STREET ADDRESS SAINT AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 empoyered.

SIGNATURE:

al Jady

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Mar 08, 2006 8:00 am

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