2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State
04-15-2005 90082 007 ****61.25

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1. Entity Name
ISLANDER CARRIAGE HOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
442 OCEAN FOREST DRIVE ST. AUGUSTINE, FL 32080	442 OCEAN FOREST DRIVE ST. AUGUSTINE, FL 32080

03142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2225 A1A South	P.O. Box 840100
Suite, Apt. #, etc. C8	Suite, Apt. #, etc.
City & State: St Augustine, Florida	City & State: St Augustine, Florida
Zip: 32080 Country: USA	Zip: 32080 Country: USA

4. FEI Number 86-1137876 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, RONALD W 66 CUNA STREET SUITE A ST AUGUSTINE, FL 32084	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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BRUSH, JOAN 442 OCEAN FOREST DRIVE ST. AUGUSTINE, FL 32080	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLE, SCOTT III 311 WEFF ROAD ST. AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Cole, Scott III P.O. Box 840100 St Augustine, fl. 32080	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WERNINCK, KEITH L III 442 OCEAN FOREST DRIVE ST. AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Werninck, Keith III P.O. Box 840100 St Augustine, fl 32080	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Scott Cole III 4-12-05 (904) 461-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #