2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N05623

FILED Apr 02, 2004 8:00 am Secretary of State 04-02-2004 90069 011 ****61.25

1. Entity Name ISLAND CHATEAU CONDOMINIUM ASSOCIATION, INC.					######################################	
Principal Place of Business Mailing Address 160 COLUMBIA DRIVE 160 COLUMBIA DRIVE TAMPA, FL 33606 TAMPA, FL 33606					# 10000±0	
2. Principal Pla	ace of Business	3. Mailing Address				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			02242004 Chg-NP CR2E037 (10/03)	
City & State		City & State			4. FEI Number Applied For	
Zip	Country Zip Count		ntry	59-2919957 Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
Name and Address of Current Registered Agent			L	7. Name and Address of New Registered Agent		
PFEIFFER, JOYCE A				Name		
3809 N. OAK DR. TAMPA, FL 33611				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						
1	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Ca Trust Fund			\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10.	OFFICERS AND DI	RECTORS Delete	11.	PD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition	
NAME STREET ADDRESS	BAHN, CHERYL 160 COLUMBIA DRIVE #407 TAMPA, FL 33606	E-Richard	NAME STREE	ET ADDRESS / L	rawley Charles to Columbia DR, #301 Tampa, FL 3360b	
1	PD WALDROP, ROBERT	☐ Delete	TITLE	Δ7	T Change Addition	
STREET ADDRESS			STRE	HOMENUK LONNIE 160 Columbia DR. #505 17-51-219 Tamba FC 33606		
TITLE NAME	D LATTER, NETTIE M.	Delete	TITLE			
	160 COLUMBIA DRIVE TAMPA, FL	e a see	- STRE	ET ADDRESS iC-	Tamba FL 33606	
	D RUSSELL, SHARON	Delete	TITLE			
STREET ADDRESS	160 COLUMBIA DR TAMPA, FL 33606			ET ADDRESS /(Coview Constantine Change Addition 1600 Columbia Dr. # 601 Tampa, FC 3360b	
TITLE NAME		□ Delete	TITLE	[☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP		
TITLE NAME		- Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS : CITY-ST-ZIP				ET ADDRESS -ST-ZIP,		
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 his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with at other like empowered.						
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date						
Charles G. Crawley/ Pressent						