

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90074 014 ****61.25

DOCUMENT # N05623 1. Entity Name ISLAND CHATEAU CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 160 COLUMBIA DRIVE TAMPA, FL 33606			Mailing Address 160 COLUMBIA DRIVE TAMPA, FL 33606		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2919957	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PFEIFFER, JOYCE A 3809 N. OAK DR. TAMPA, FL 33611				7. Name and Address of New Registered Agent Name <u>Condominium Associates</u> Street Address (P.O. Box Number is Not Acceptable) <u>177 S. Harbour Island Blvd. Suite 270</u> City <u>Tampa</u> FL Zip Code <u>33602</u>	
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 <u>Kathy Branchall, LEANE</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>1/5/05</u> (NOTE: Registered Agent signature required when reinstating)	
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	PD CRAWLEY, CHARLES 160 COLUMBIA DR #307 TAMPA, FL 33606	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALDROP, ROBERT 160 COLUMBIA DR. TAMPA, FL 33606	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCEWEN, CATHERINE 160 COLUMBIA DR #304 TAMPA, FL 33606	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XENICK, CONSTANTINE 160 COLUMBIA DR #601 TAMPA, FL 33606	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HANENUK, LONNIE 160 COLUMBIA DR #505 TAMPA, FL 33606	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: <u>Constantine Xenick Director</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>1/25/05</u> Daytime Phone # <u>813-209-9300</u>	

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