2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05623

FILED Mar 20, 2009 Secretary of State

Entity Name: ISLAND CHATEAU CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 160 COLUMBIA DRIVE 777 S. HARBOUR ISLAND BLVD. TAMPA, FL 33606 SUITE 270 TAMPA, FL 33602 **Current Mailing Address:** New Mailing Address: 3001 EXECUTIVE DRIVE 200 NORTH PINE AVENUE SUITE 260 SUITE A CLEARWATER, FL 33762 US OLDSMAR, FL 34677 US FEI Number: 59-2919957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONDOMINIUM ASSOCIATES BRUDNY & RABIN, PA 777 S HARBOUR ISLAND BLVD 200 NORTH PINE AVENUE STE 270 SUITE A TAMPA, FL 33602 US OLDSMAR, FL 34677 US 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. SIGNATURE: MICHAEL BRUDNY 03/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HILL, MACK HILL, MACK Name: Name: 160 COLUMBIA DRIVE #603 Address: 160 COLUMBIA DRIVE #603 Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606 Title: () Delete Title: () Change () Addition BRYSKIEWICZ, LINDA Name: Name: Address: 160 COLUMBIA DR. #305 Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: () Delete Title: () Change () Addition RUSSELL, SHARON Name: Name: 160 COLUMBUIS DR. #607 Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition Name: HANENUK, LONNIE Name: HAMENUK, LONNIE 160 COLUMBIA DR #505 160 COLUMBIA DR #505 Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606 Title: () Delete Title: () Change () Addition DANIEL, NANCY Name: Name: 160 COLUMBIA DR #301 Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY DANIEL Ρ 03/20/2009