


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90046 039 ****61.25

DOCUMENT # N06000001114	
1. Entity Name ISLAND ESCAPE OF HOLMES BEACH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 526 74TH ST HOLMES BCH, FL 34217	Mailing Address 526 74TH ST HOLMES BCH, FL 34217
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2. Principal Place of Business - No P.O. Box # 2915 W. San Nicholas St.	3. Mailing Address 2915 W. San Nicholas St.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
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Zip 33629	Country USA	Zip 33629	Country USA
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6. Name and Address of Current Registered Agent

ROSS, GREGORY J 526 74TH ST HOLMES BCH, FL 34217

40011830



01282007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4244113	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name Ronald Craig Harris
Street Address (P.O. Box Number is Not Acceptable) 2915 West San Nicholas Street
City Tampa
State FL
Zip Code 33629

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 *R. J. Harris* DATE 02/05/07

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE DPGT	<input checked="" type="checkbox"/> Delete
NAME ROSS, GREGORY J	
STREET ADDRESS 5505 MARINA DR	
CITY-ST-ZIP HOLMES BCH, FL 34210	

TITLE B	<input checked="" type="checkbox"/> Delete
NAME G. MALLEY, ANDREW	
STREET ADDRESS 526 74TH ST	
CITY-ST-ZIP HOLMES BCH, FL 34217	

TITLE D	<input checked="" type="checkbox"/> Delete
NAME VALEADIE, ALAN	
STREET ADDRESS 526 74TH ST	
CITY-ST-ZIP HOLMES BCH, FL 34217	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME R. Craig Harris	
STREET ADDRESS 2915 West San Nicholas Street	
CITY-ST-ZIP Tampa, FL 33629	

TITLE V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Justin James	
STREET ADDRESS 4907 Bayshore Blvd # 105	
CITY-ST-ZIP Tampa, FL 33611	

TITLE secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Robert MacKinnon	
STREET ADDRESS 12903 Darby Ridge Road	
CITY-ST-ZIP Tampa, FL 33624	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *R. J. Harris* DATE 02/05/07 DAYTIME PHONE # 813-727-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #