


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

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N14440</b> 1. Entity Name ISLAND MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business C/O GAIL STALNAKER 3300 FISKE BLVD. ROCKLEDGE, FL 32955	Mailing Address C/O GAIL STALNAKER 3300 FISKE BLVD. ROCKLEDGE, FL 32955
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04262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2536496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  STALNAKER, GAIL 3300 FISKE BLVD. ROCKLEDGE, FL 32955
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000141990 04/30/04-80034-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STALGKER, GAIL 3300 FISKE BLVD. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLS, TOM 3300 FISKE BLVD. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STONER, ROBERT 3300 FISKE BLVD. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-26-04 <small>Date</small>	434-5175 <small>Daytime Phone #</small>
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