2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N24381

FILED Oct 14, 2005 Secretary of State

Entity Name: ISLANDER COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
900 COLLIE MARCO IS	ER CT LAND, FL 33937	US	900 COLLIER CT MARCO ISLAND, FL	34145 U	S
Current Mailing Address:			New Mailing Address:		
P. O. BOX : MARCO IS	285 LAND, FL 34146	US	P. O. BOX 2397 MARCO ISLAND, FL	34146 U	S
	e with s. 607.193(2)(b)	Number Applied For() FEI Nulle, F.S., the corporation did not receive to the Registered Agent:	mber Not Applicable () the prior notice. Name and Address o		te of Status Desired ()
WILL, JEFF	FRFY		TONY, ANDRADE	_	_
233 Ň COL	LIER BLVD LAND, FL 34145	US	PO BOX 2397 MARCO ISLAND, FL	34146 U	S
The above in the State		ts this statement for the purpose of	of changing its registere	d office or re	egistered agent, or both,
SIGNATURE: TONY ANDRADE				10	0/14/2005
	Electronic Sig	nature of Registered Agent			Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DS () Delete COURVILLE, FRED 900 COLLIER COURT MARCO ISLAND, FL		Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	DP () Delete AUSHBON, BILL 900 COLLIER COURT MARCO ISLAND, FL		Title: Name: Address: City-St-Zip:	() Change() Addition
Title:	DT () Delete		Title:	() Change () Addition
Name: Address: City-St-Zip:	JONES, WILLIAM 900 COLLIER CT. MARCO ISLAND, FL		Name: Address: City-St-Zip:	() Shange (,
Address:	900 COLLIER CT.	34145	Name: Address:	() Change (

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILL JONES DT 10/14/2005