

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90016 032 \*\*\*\*61.25

**DOCUMENT # N24381**

1. Entity Name

ISLANDER COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

900 COLLIER CT  
MARCO ISLAND FL 34145  
US

Mailing Address

P. O. BOX 2397  
MARCO ISLAND FL 34146  
US

0000000000



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0119851

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TONY, ANDRADE  
PO BOX 2397  
MARCO ISLAND FL 34146

Name TONY ANDRADE

Street Address (P.O. Box Number is Not Acceptable)  
990 CAPE MARCO DRIVE

City MARCO ISLAND

FL

Zip Code 34145

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

*[Signature]* TONY ANDRADE

3-29-06

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

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 DS VP ☐ Delete  
NAME COURVILLE, FRED  
STREET ADDRESS 900 COLLIER COURT  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DP ☒ Delete  
NAME AUSHBON, BILL  
STREET ADDRESS 900 COLLIER COURT  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE D ☐ Change ☒ Addition  
NAME Kimberly Wallenhorst  
STREET ADDRESS 609 MONTICELLO LANE  
CITY-ST-ZIP KENNETT SQUARE, PA. 19348

TITLE DJ ☐ Delete  
NAME JONES, WILLIAM  
STREET ADDRESS 900 COLLIER CT.  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP DP ☐ Delete  
NAME DRECHEN, MARTY  
STREET ADDRESS 900 COLLIER CT  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ Delete  
NAME TORGOU, JACK  
STREET ADDRESS 900 COLLIER CT  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE DT ☐ Change ☒ Addition  
NAME ROBERTA JANIS  
STREET ADDRESS 900 COLLIER CT. #204  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

*[Signature]* WILLIAM JONES

3-3-06

239-642-8872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #