
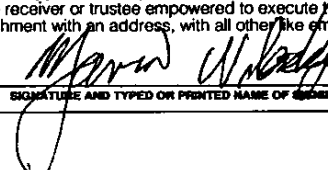


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90274 018 ****61.25

DOCUMENT # N25466 1. Entity Name THE ISLAND PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 275 TONEY PENNA DR. SUITE 7 JUPITER, FL 33458 US			Mailing Address 275 TONEY PENNA DR. SUITE 7 JUPITER, FL 33458 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0076976	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KUNKLE, CRAIG JR. 275 TONEY PENNA DRIVE, #7 JUPITER, FL 33458				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAN, FING <input type="checkbox"/> Delete 69 CAYMAN PLACE PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Allan Fine <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILENSKY, MARVIN <input checked="" type="checkbox"/> Delete 12 WINDWARD ISLE PALM BEACH GARDENS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARVIN WILENSKY <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 WINDWARD ISLE P.B. GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, VAL <input type="checkbox"/> Delete 43 CAYMAN PLACE PALM BEACH GARDENS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUTHFIELD, CAROL <input type="checkbox"/> Delete 62 CAYMAN PLACE PALM BEACH GARDENS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEAFTROTT, JOHN <input type="checkbox"/> Delete 37 CAYMAN PLACE PALM BEACH GARDENS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHDENBERGER, HARRY <input checked="" type="checkbox"/> Delete 40 WINDWARD ISLE PALM BEACH GARDENS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Perugini <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 59 Cayman PL Palm Beach Gardens FL 33418	
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.					
SIGNATURE:  MARVIN WILENSKY 4-19-05 561-555-7792 <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #</small>					