2007 NOT-FOR-PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Mar 14, 2007 8:00 am DOCUMENT # N28806 **Secretary of State** 1. Entity Name 03-14-2007 90030 030 ****61.25 ISLAND ESCAPE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O SEABOARD ARBORS MGMT SRVS., INC 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765 US C/O SEABOARD ARBORS MGMT SRVS., INC 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2956487 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEIGHTON, LENNARD A Street Address (P.O. Box Number is Not Acceptable) 2189 CLEVELAND STREET STE 225 CLEARWATER BEACH FL 33767 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS (CHANGES TO DEFIDEDS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition THIF Delele TITLE ☐ Change D NAME NAME JANSEN, ALEX ADAMS, MARK 325 ISLAND WAY #103 STREET ADDRESS 325 ISLAND WAY 109 STREET ADDRESS CLEARWATER BEACH FL 33767 CITY-ST-7IP CLEARWATER FL 33767 CHY-ST-ZIP mu ☐ Delete THE ☐ Change Addition STD NAME ANDERSEN, STEVE NAME STREET ADDRESS STREET ADDRESS 325 ISLAND WAY UNIT 105 CHY-SI-ZIP CLEARWATER BEACH FL 33767 CHY-ST-ZIP Change HILE TITLE ☐ Delete ☐ Addition VPD D NAME NAME SMINK, CAROL STREET ADDRESS STREET ADDRESS 325 ISLAND WAY #108 CITY ST-ZIP CITY-ST ZIP CLEARWATER BEACH FL 33767 TITLE Delete ши ☐ Addition **VPD** NAME NAME ORLOWSKI, DAVID STREET ADDRESS STREET ADDRESS 325 ISLAND WAY #102 CHY-S1-ZIP CHY-S1-2IP CLEARWATER BEACH FL 33767 ☐ Delete ши ☐ Change ☐ Addition mu NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY S1 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 trustoe 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 epproximated.

1111.6

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: X

11112

STREET ADDRESS

CITY-ST-7IP

1/26/07 727-365-0943 Dayle Dayline Phone #

Change

☐ Addition