

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28806

FILED
Feb 26, 2009
Secretary of State

Entity Name: ISLAND ESCAPE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SEABOARD ARBORS MGMT SRVS., INC
2189 CLEVELAND ST STE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

C/O SEABOARD ARBORS MGMT SRVS., INC
2189 CLEVELAND ST STE 225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2956487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
STE 225
CLEARWATER BEACH, FL 33767 US

Name and Address of New Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
STE 225
CLEARWATER, FL 33765 US

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.

SIGNATURE:

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: ADAMS, MARK
Address: 325 ISLAND WAY #103
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: STD () Delete
Name: ANDERSEN, STEVE
Address: 325 ISLAND WAY UNIT 105
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D () Delete
Name: SMINK, CAROL
Address: 325 ISLAND WAY #108
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VPD () Delete
Name: ORLOWSKI, DAVID
Address: 325 ISLAND WAY #102
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: PD () Delete
Name: SHEPHERD, SKIP
Address: 325 ISLAND WAY #101
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SMINK, CAROL
Address: 325 ISLAND WAY #108
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D (X) Change () Addition
Name: ORLOWSKI, DAVID
Address: 325 ISLAND WAY #102
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SKIP SHEPHERD

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date