

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28806

FILED
Mar 10, 2010
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, FL 33765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SKIP SHEPHERD

PD

03/10/2010

Electronic Signature of Signing Officer or Director

Date