


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N40812 1. Entity Name ISLAND TOWER CONDOMINIUM ASSOCIATION OF MARCO ISLAND, INC.	
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Principal Place of Business % WOODWARD, PIRES & ANDERSON, P.A. 606 BALD EAGLE DR., SUITE 500 MARCO ISLAND, FL 33937	Mailing Address POST OFFICE BOX ONE 606 BALD EAGLE DR., SUITE 500 MARCO ISLAND, FL 33969 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0227279	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOODWARD, MARK J. 606 BALD EAGLE DRIVE STE 00 WOODWARD, PIRES & LAMBARBO PA NAPLES, FL 33963	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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, typed or printed name of registered agent and (title if applicable)	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SCHULZE, DARLENE 606 BALD EAGLE DR #200 MARCO ISLAND, FL 34145	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WOODWARD, CRAIG 606 BALD EAGLE DR 500 MARCO IS., FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P HOMUTH, KIM 606 BALD EAGLE DR #200 MARCO ISLAND, FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GLON, DALE 930 CAPE MARCO DR MARCO ISLAND, FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TS MITCHUSSON, TOM 606 BALD EAGLE DR #601 MARCO ISLAND, FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u>Tom Mitchusson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/23/2005 Date	239 393-6222 Daytime Phone #
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