

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N40812

1. Entity Name

ISLAND TOWER CONDOMINIUM ASSOCIATION OF
MARCO ISLAND, INC.



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



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0227279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCHULZE, DARLENE
STREET ADDRESS 606 BALD EAGLE DR #200
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D
NAME WOODWARD, CRAIG
STREET ADDRESS 606 BALD EAGLE DR 500
CITY-ST-ZIP MARCO IS., FL

TITLE P
NAME HOMUTH, KIM
STREET ADDRESS 606 BALD EAGLE DR #200
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D
NAME GLON, DALE
STREET ADDRESS 930 CAPE MARCO DR
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE TS
NAME MITCHUSON, TOM
STREET ADDRESS 606 BALD EAGLE DR #601
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000505605
04/26/06-80120-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

239-393-6222

Daytime Phone #