2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N40812

1. Entity Name



FILED Feb 13, 2008 08:00 AM Secretary of State

	ISLAND, INC.	ASSOCIA	ATION OF							
% WOODWARD, PIRES & ANDERSON, P.A. POST 606 BALD EAGLE DR., SUITE 500 606 B			g Address T OFFICE BOX ONE BALD EAGLE DR., SUITE 500 CO ISLAND, FL 33969 US			(HEM)(11 B) A	1711 88682 88181 101 3 11		BIRK BIRK BIR	
Principal Place of Business - No P.O. Box # 3. M		3. Mail	Malling Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01072008	Chg-NP	CR2E037	7 (12/06)	
City & State		Cit	City & State			4. FEI Number 65-0227				oplied For of Applicable
Žip	Country	Zip		Соц	untry	5. Certificate o	f Status Desired		8.75 Add ee Require	
	6. Name and Address of Curre	nt Registere	d Agent			7. Name and /	Address of New I	Registered A	gent	
WOODWARD, GRAIG R 606 BALD EAGLE DRIVE, STE 500 MARCO ISLAND, FL 34145				Name Street Address (P.O. Box Number is Not Acceptable)						
WAROOK	36416,112 04140									
				ı	City			FL	Zip Cod	e
	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered ag					uired when reinstating)	, in the State of P	DATE	amiliar with,	апо ассерг
	Signature, typod or printed he to register of ag		(71012				·····			
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Cam Trust Fund C	npaign F	Inancing	\$5.00 May Be Added to Fees		Wake check rida Depart		
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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.

Tom J. Mitchusson, C.P.A.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-08

239-393-6222