

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40812

FILED
Mar 23, 2009
Secretary of State

Entity Name: ISLAND TOWER CONDOMINIUM ASSOCIATION OF MARCO ISLAND, INC.

Current Principal Place of Business:

% WOODWARD, PIRES & ANDERSON, P.A.
606 BALD EAGLE DR., SUITE 500
MARCO ISLAND, FL 33937

New Principal Place of Business:

% WOODWARD, PIRES & ANDERSON, P.A.
606 BALD EAGLE DR., SUITE 500
MARCO ISLAND, FL 34145

Current Mailing Address:

POST OFFICE BOX ONE
606 BALD EAGLE DR., SUITE 500
MARCO ISLAND, FL 33969 US

New Mailing Address:

606 BALD EAGLE DRIVE
SUITE 600
MARCO ISLAND, FL 34145 US

FEI Number: 65-0227279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, GRAIG R
606 BALD EAGLE DRIVE, STE 500
MARCO ISLAND, FL 34145 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: D () Delete
Name: COX, JOEL JR
Address: 606 BALD EAGLE DRIVE, STE 301
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: WOODWARD, GRAIG R
Address: 606 BALD EAGLE DR 500
City-St-Zip: MARCO ISLAND, FL 34145

Title: P () Delete
Name: GLON, DALE
Address: 930 CAPE MARCO DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: GLON, DALE
Address: 930 CAPE MARCO DR
City-St-Zip: MARCO ISLAND, FL 34145

Title: TS () Delete
Name: MITCHUSSON, TOM
Address: 606 BALD EAGLE DR #601
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TOM MITCHUSSON

SEC.

03/23/2009

Electronic Signature of Signing Officer or Director

Date