


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90018 027 ****61.25

DOCUMENT # N43591

1. Entity Name
 ISLAMORADA AT CORAL BAY VILLAGE ASSOCIATION, INC.



Principal Place of Business
 C/O SUNDANCE PROPERTY MANAGEMENT CORP
 11510 W SAMPLE RD., #5
 CORAL SPRINGS, FL 33065 US

Mailing Address
 C/O SUNDANCE PROPERTY MANAGEMENT CORP
 11510 W SAMPLE RD., #5
 CORAL SPRINGS, FL 33065 US

50056924



2. Principal Place of Business
 11404 W. Sample Rd.
 Suite, Apt. #, etc.

3. Mailing Address
 11404 W. Sample Rd.
 Suite, Apt. #, etc.

07012005 Chg-NP CR2E037 (10/03)

City & State
 Coral Springs, Fl.
 Zip
 33065
 Country
 USA

City & State
 Coral Springs, Fl.
 Zip
 33065
 Country
 USA

4. FEI Number
 65-0404359

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75-Additional Fee Required

6- Name and Address of Current Registered Agent
 SUNDANCE PROPERTY MANAGEMENT CORPORATION
 11510 W. SAMPLE RD. #5
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
 Name Sundance Property Mgmt
 Street Address (P.O. Box Number is Not Acceptable)
 11404 W. Sample Road
 City Coral Springs FL Zip Code 33065

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 _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARCHUCK, JEFFREY C	
STREET ADDRESS	3275 W. BUENA VISTA DR	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SINGH, CINDY	
STREET ADDRESS	3258 W. BUENA VISTA DR.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	SOAREZ, FRANCISCO	
STREET ADDRESS	3163 W BUENA VISTA DR	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPAVENTO, ANTONIO	
STREET ADDRESS	3194 W. BUENA VISTA DR.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BERGEY, AMY	
STREET ADDRESS	3266 W. BUENA VISTA DR.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		


11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPAVENTO, ANTONIO	
STREET ADDRESS	3194 W BUENA VISTA DR	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Macca, James	
STREET ADDRESS	3243 W BUENA VISTA DR.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon, MICHAEL	
STREET ADDRESS	3090 W BUENA VISTA DR.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBISON, CHRISTOPHER	
STREET ADDRESS	3087 W BUENA VISTA DR.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N43591		
1. Entity Name ISLAMORADA AT CORAL BAY VILLAGE ASSOCIATION, INC.		
Principal Place of Business C/O SUNDANCE PROPERTY MANAGEMENT CORP 11510 W SAMPLE RD., #5 CORAL SPRINGS, FL 33065 US		Mailing Address C/O SUNDANCE PROPERTY MANAGEMENT CORP 11510 W SAMPLE RD., #5 CORAL SPRINGS, FL 33065 US
2. Principal Place of Business <u>11404 W. Sample Rd</u>		3. Mailing Address <u>11404 W. Sample Rd</u>
City & State <u>Coral Springs, Fl.</u>		City & State <u>Coral Springs, Fl.</u>
Zip <u>33065</u>		Zip <u>33065</u>
Country <u>USA</u>		Country <u>USA</u>
4. FEI Number 65-0404359		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 SUNDANCE PROPERTY MANAGEMENT CORPORATION 11510 W. SAMPLE RD. #5 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name: <u>Sundance Property Mgmt</u> Street Address (P.O. Box Number is Not Acceptable): <u>11404 W. Sample Road</u> City: <u>Coral Springs FL</u> Zip Code: <u>33065</u>
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 _____		DATE _____

50056924

Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	State check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARCHUCK, JEFFREY C 3275 W. BUENA VISTA DR MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SPAVENTO, ANTONIO 3194 W BUENA VISTA DR MARGATE, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SINGH, CINDY 3258 W. BUENA VISTA DR. MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Macca, James 3248 W BUENA VISTA DR. MARGATE, FL 33063 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATO SOAREZ, FRANCISCO 3163 W BUENA VISTA DR MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gordon, MICHAEL 3090 W BUENA VISTA DR. MARGATE, FL 33063 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPAVENTO, ANTONIO 3194 W. BUENA VISTA DR. MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, CHRISTOPHER 3187 W BUENA VISTA DR. MARGATE, FL 33063 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BERGEY, AMY 3268 W. BUENA VISTA DR. MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 authority like empowered.				
SIGNATURE: <u>Tony Spavento</u>		Date: <u>7-15-05</u>		Phone: <u>954-917-5591</u>