

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50552

FILED
Jan 25, 2006
Secretary of State

Entity Name: ISLAND SOUTH CONDO ASSOCIATION, INC.

Current Principal Place of Business:

620 A1A BEACH BLVD
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

620 A1A BCH. BLVD.
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-2663343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUTEN, DENA
620 A1A BEACH BLVD
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

COASTAL REALTY PROPERTY MGMT
3942 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

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: JUDY ALLIGOOD

01/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V D () Delete
Name: CONLEE, KIM
Address: 620 A1A BEACH BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: VAZQUEZ, MOE
Address: 620 A1A BEACH BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: PD () Delete
Name: MAINES, HARRIETT
Address: 620 A1A BEACH BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD () Delete
Name: CARPENTER, PHOEBE
Address: 620 A1A BEACH BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD () Delete
Name: NIX, SANDRA
Address: 620 A1A BEACH BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V D (X) Change () Addition
Name: CONLEE, KIM
Address: 7732 CROSSTREE LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: VAZQUEZ, MOE
Address: 620 A1A BEACH BLVD #16
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: PD (X) Change () Addition
Name: MAINES, HARRIETT
Address: PO BOX 162
City-St-Zip: LAKE BUTLER, FL 32054

Title: TD (X) Change () Addition
Name: CARPENTER, PHOEBE
Address: 2022 COUNTRYSIDE CIRCLE NORTH
City-St-Zip: ORLANDO, FL 32804

Title: SD (X) Change () Addition
Name: SCARBOROUGH, KAREN
Address: 3122 NW 59TH TERRACE
City-St-Zip: GAINESVILLE, FL 32604

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDY ALLIGOOD

RA

01/25/2006

Electronic Signature of Signing Officer or Director

Date