


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90030 012 ****70.00

DOCUMENT # N92000000300 1. Entity Name ISLAND SENIORS, INC.					
Principal Place of Business ISLAND SENIOR CENTER 2401 LIBRARY WAY SANIBEL ISLAND, FL 33957 US			Mailing Address P O BOX 1492 SANIBEL, FL 33957 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0372291	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASCARI, BARBARA 1866 ARDSLEY WAY <i>1866 ARDSLEY Way</i> SANIBEL, FL 33957			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEY, PATRICIA M		NAME		
STREET ADDRESS	1835 FARM TRAIL		STREET ADDRESS		
CITY - ST - ZIP	SANIBEL, FL 33957		CITY - ST - ZIP		
TITLE	SP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASCARI, BARBARA		NAME	<i>1866 ARDSLEY Way</i>	
STREET ADDRESS	1866 ARDSLEY WAY		STREET ADDRESS		
CITY - ST - ZIP	SANIBEL, FL 33957		CITY - ST - ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELCH, YOLANDE		NAME		
STREET ADDRESS	1995 ROSEGATE LN		STREET ADDRESS		
CITY - ST - ZIP	SANIBEL, FL 33957		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOHN, JACK A		NAME		
STREET ADDRESS	3215 W. GULF DRIVE - #A202		STREET ADDRESS		
CITY - ST - ZIP	SANIBEL, FL 33957		CITY - ST - ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORTUNATO, EUGENE		NAME		
STREET ADDRESS	1440 MIDDLE GULF DR.		STREET ADDRESS		
CITY - ST - ZIP	SANIBEL, FL 33957		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Patricia M. Kelley</i>			<i>1-16-06 239-395-1412</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		