


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000118 1. Entity Name ISLE OF PALMS COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 14286-19 BEACH BLVD JACKSONVILLE BEACH, FL 32250		Mailing Address 14286-19 BEACH BLVD JACKSONVILLE BEACH, FL 32250	
DO NOT WRITE IN THIS SPACE		 04192006 No Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3281631		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 TRBOVICH, GARY G 14553 LUTH DR. N. SUITE 2902 JACKSONVILLE BEACH, FL 32250		DO NOT WRITE IN THIS SPACE	
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 <u><i>Gary G Trbovich</i></u> <u>4/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
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	
10. OFFICERS AND DIRECTORS		U00000530005 05/05/06-80097-021 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLFE, PATRICIA 3550 EUNICE RD JACKSONVILLE BCH, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PALMER, DON 14524 LUTH DR. JACKSONVILLE BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TRBOVICH, GARY 14553 LUTH DR. N. JACKSONVILLE BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRADY, ELYSE 3550 EUNICE RD JACKSONVILLE BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
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: <u><i>Gary G Trbovich</i></u> <u>GARY G TRBOVICH</u> <u>4/19/06</u> <u>(904)662-1885</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	