


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002693 1. Entity Name ISLAND CAY PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 430 ISLAND CAY WAY APOLLO BEACH, FL 33572	Mailing Address 430 ISLAND CAY WAY APOLLO BEACH, FL 33572
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3322602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fes Required	

6. Name and Address of Current Registered Agent MCNEELY, JOHN 430 ISLAND CAY WAY APOLLO BEACH, FL 33572	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNEELY, JOHN 430 ISLAND CAY WAY APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONNOLLY, BILL 415 ISLAND CAY WAY APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THORN, STACEY L 413 ISLAND CAY WAY APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/10/05-80066-010 61.25

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: Stacey L. Thorn Stacey L. Thorn 1-10-05 641-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #