2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002463

FILED Apr 05, 2005 Secretary of State

Entity Name: ISLAND BEACH CLUB ON ESTERO BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 59-3580131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: PD (X) Change () Addition Name: TURNER, GERALD Name: OKELEY, ROBERT

Address: 575 SOUTH DIXIE DR Address: 121 EDGEWATER DR
City-St-Zip: VANDALIA, OH 45377 City-St-Zip: NOBLESVILLE, IN 46060

Title: PD () Delete Title: VPD (X) Change () Addition Name: BERTRAND, RICHARD Name: BLAIR, RANDY

 Name:
 BERTRAND, RICHARD
 Name:
 BEAR, RANDY

 Address:
 W1890 WASHINGTON RD
 Address:
 1250 PINE ST

 City-St-Zip:
 OCONOMOWOC, WI 53066
 City-St-Zip:
 TROY, OH 45373

Title: STD () Delete Title: () Change () Addition

 Name:
 BAUMGARTNER, WERNER
 Name:

 Address:
 38084 VILLA MAR
 Address:

 City-St-Zip:
 HARRISON TOWNSHIP, MI 48045
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BLAIR, RANDY
 Name:
 BALDWIN, CHUCK

 Address:
 1250 PINE ST
 Address:
 1303 S W WINDPORT DR

 City-St-Zip:
 TROY, OH 45373
 City-St-Zip:
 BLUE SPRINGS, MO 64015

Title: D () Delete Title: D (X) Change () Addition

 Name:
 RICE, NANCY
 Name:
 WALLACE, JAMES

 Address:
 208 FAWN TRL
 Address:
 2625 WYNDBEND BLVD

 City-St-Zip:
 STUREVANT, WI 53177
 City-St-Zip:
 POWELL, OH 43065

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT OKELEY PD 04/05/2005