

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002463

FILED
Mar 24, 2006
Secretary of State

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

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3580131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: OKELEY, ROBERT
Address: 121 EDGEWATER DR
City-St-Zip: NOBLESVILLE, IN 46060

Title: VPD () Delete
Name: BLAIR, RANDY
Address: 1250 PINE ST
City-St-Zip: TROY, OH 45373

Title: STD () Delete
Name: BAUMGARTNER, WERNER
Address: 38084 VILLA MAR
City-St-Zip: HARRISON TOWNSHIP, MI 48045

Title: D () Delete
Name: BALDWIN, CHUCK
Address: 1303 S W WINDPORT DR
City-St-Zip: BLUE SPRINGS, MO 64015

Title: D () Delete
Name: WALLACE, JAMES
Address: 2625 WYINDBEND BLVD
City-St-Zip: POWELL, OH 43065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OKELEY, ROBERT
Address: 121 EDGEWATER DR
City-St-Zip: NOBLESVILLE, IN 46060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WALLACE, JAMES
Address: 2625 WYINDBEND BLVD
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 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: JAMES WALLACE

PD

03/24/2006

Electronic Signature of Signing Officer or Director

Date