

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90037 042 \*\*\*150.00

**DOCUMENT # P03000126927**

1. Entity Name  
**ISLAND RESORTS DEVELOPMENT TOWER FIVE, INC.**



Principal Place of Business  
**10 PORTOFINO DRIVE  
PENSACOLA BEACH, FL 32561 US**

Mailing Address  
**10 PORTOFINO DRIVE  
PENSACOLA BEACH, FL 32561 US**

**50026659**



03062005 No Chg-P CR2E034 (10/03)

4. FEI Number **57-1194434**  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CAMPBELL, JAMES S  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LEVIN, ALLEN R
STREET ADDRESS	10 PORTOFINO DRIVE
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	D
NAME	RINKE, ROBERT
STREET ADDRESS	10 PORTOFINO DRIVE
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
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**

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 607, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/05 (850)232-3001**  
Date Daytime Phone #