

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90010 028 ***158.75

DOCUMENT # P03000131325

1. Entity Name
ISLANDS WEST RESORT, INC.



Principal Place of Business
**5010 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228**

Mailing Address
**5010 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228**

2. Principal Place of Business
3605 GULF DRIVE

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State
HOLMES BEACH, FL

City & State

Zip
34217

Country
U.S.A

Zip

Country

07082004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0389850

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEA, JOHN J
2940 SOUTH TAMiami TRAIL
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5:00** May Be Added to Fees

In accordance with s-607-193(2)(b)-F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
MESSER, BARRY W
5010 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
MESSER, GWENDOLYN S
5010 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Barry W Messer* BARRY W MESSER 7/12/04 941.383.7894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #