

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012222

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** ISLANDS OF ISLAMORADA DEVELOPMENT, INC.

**Current Principal Place of Business:**

439 WORTH AVENUE  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

439 WORTH AVENUE  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

FRISBIE, DAVID W  
439 WORTH AVENUE  
PALM BEACH, FL 33480      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      FRISBIE, DAVID W  
Address:                      439 WORTH AVENUE  
City-St-Zip:                      PALM BEACH, FL 33480

Title:                      D                      ( ) Delete  
Name:                      FRISBIE, ROBERT N  
Address:                      6101 SHEAFF LANE  
City-St-Zip:                      FORT WASHINGTON, PA 19034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FRISBIE

PRES

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date