2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-17-2008 90038 011 ***150.00

DOCUMENT # P07000004055

1. Entity Name
ISLAND REAL ESTATE, INC.

Principal Place of Business
~~1008 BAYVIEW DRIVE~~
~~SANIBEL, FL 33957~~

Change

Mailing Address
~~1008 BAYVIEW DRIVE~~
~~SANIBEL, FL 33957~~

66012983

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
630 Tarpon Bay Rd.		630 Tarpon Bay Rd	
Suite, Apt. #, etc. Suite 7		Suite, Apt. #, etc. Suite 7	
City & State Sanibel FL		City & State ~~FL~~ Sanibel FL	
Zip 33957	Country USA	Zip 33957	Country USA

03062008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8202225 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONDELLI, JOSEPH J
1008 BAYVIEW DRIVE
SANIBEL, FL 33957

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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHTER, JR., ALDEN J 5382 PENBRIDGE PLACE TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~1433 Sanderling Cir~~ ~~Sanibel FL 33957~~ 550 Lighthouse way Sanibel FL 33957	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONDELLI, JOSEPH J 1008 BAYVIEW DRIVE SANIBEL, FL 33957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 4-14-08 239-233-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #