

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753890

**Entity Name:** ISLAND INN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9980 GULF BOULEVARD  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US

**FEI Number:** 59-2130015

**Certificate of Status Desired:** No

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

ZACUR, RICHARD ESQ.  
P.O.BOX 14409  
ST. PETERSBURG, FL 33733 US

*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:** RICHARD ZACUR ESQ.

01/18/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SMITH, MICHAEL F  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

Title VP  
Name BROWNLEE, CARL  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

Title T  
Name MANINGS, JOEL  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

Title VP  
Name DOHERTY, CHARLES  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

Title D  
Name MCCLELLAN, LACEY L  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL SMITH

**PRESIDENT**

01/18/2013

Electronic Signature of Signing Officer/Director Detail

Date