

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753890

Entity Name: ISLAND INN CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**9980 GULF BLVD
102
TREASURE ISLAND, FL 33706**Current Mailing Address:**9980 GULF BLVD
102
TREASURE ISLAND, FL 33706 US**FEI Number:** 59-2130015**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD.
LARGO, FL 33778 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:** JONATHAN JAMES DAMONTE

03/11/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	BOYD, SUZANNE
Address	9980 GULF BLVD # 102
City-State-Zip:	TREASURE ISLAND FL 33706

Title	SECRETARY
Name	MCDERMOTT, CARYN
Address	9980 GULF BLVD # 102
City-State-Zip:	TREASURE ISLAND FL 33706

Title	PRESIDENT
Name	RUBINO, BRUCE
Address	9980 GULF BLVD # 102
City-State-Zip:	TREASURE ISLAND FL 33706

Title	TREASURER
Name	BOYD, MICHAEL
Address	9980 GULF BLVD # 102
City-State-Zip:	TREASURE ISLAND FL 33706

Title	DIRECTOR
Name	STETLER, SHERRY
Address	9980 GULF BLVD # 102
City-State-Zip:	TREASURE ISLAND FL 33706

Title	LICENSED COMMUNITY ASSOCIATION MANAGER
Name	AUCAMP, JOHN
Address	9980 GULF BLVD # 102
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: JOHN AUCAMP

GM-LCAM

03/11/2025

Electronic Signature of Signing Officer/Director Detail

Date