2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S09798

1. Entity Name
500 ISLAND TOWER ASSOCIATES, INC.

94017612

Principal Place of Business	Mailing Address
606 BALD EAGLE DR., SUITE 500	606 BALD EAGLE DR., SUITE 500
P.O. BOX 1	P.O. BOX 1
MARCO ISLAND, FL 34146 US	MARCO ISLAND, FL 34146 US

DO NOT WRITE IN THIS SPACE

02112004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0225580	Not Applicable

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

6. Name and Address of Current Registered Agent

WOODWARD, MARK J.
3200 TAMIAMI TRL N
STE 200
NAPLES, FL 34103

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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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	DT ✔
NAME	WOODWARD, MARK J
STREET ADDRESS	3200 TAMIAMI TRL N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DP S
NAME	WOODWARD, CRAIG R
STREET ADDRESS	606 BALD EAGLE DR. #500
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	~~DSV~~
NAME	~~PIRES, ANTHONY J~~
STREET ADDRESS	~~3200 TAMIAMI TRL~~
CITY-ST-ZIP	~~NAPLES, FL 34103~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   2/12/04   (239) 394-5161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   CRAIG R. WOODWARD   Date   Daytime Phone #