


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S09798 1. Entity Name 500 ISLAND TOWER ASSOCIATES, INC.	
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Principal Place of Business 606 BALD EAGLE DR., SUITE 500 P.O. BOX 1 MARCO ISLAND, FL 34146 US	Mailing Address 606 BALD EAGLE DR., SUITE 500 P.O. BOX 1 MARCO ISLAND, FL 34146 US
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0225580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

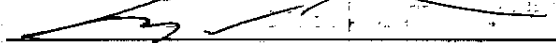
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV WOODWARD, MARK J 3200 TAMIAMI TRL N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WOODWARD, CRAIG R 606 BALD EAGLE DR. #500 MARCO ISLAND, FL 34146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/08/06-80084-013 150.00

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:  1/19/06 239-394-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ORA/6 R. Woodward, Sec.