


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S09798**  
 1. Entity Name  
 500 ISLAND TOWER ASSOCIATES, INC.



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



01032007 No Chg-P CR2E034 (11/05)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0225580 | Applied For<br>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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DTV<br>WOODWARD, MARK J<br>3200 TAMiami TRL N<br>NAPLES, FL 34103             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPS<br>WOODWARD, CRAIG R<br>606 BALD EAGLE DR. #500<br>MARCO ISLAND, FL 34145 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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 indicate 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07  
 Date

Information or director Block 11 if  
 5/61