

**FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00**

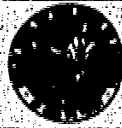
**APPROVED AND FILED**

**95 APR 19 AM 8:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 718120 (9)**

1. Corporation Name  
**NETTLES ISLAND, INC.**

Principal Place of Business Mailing Address

**9801 SOUTH OCEAN DR. JENSEN BCH FL 34957**      **9801 SOUTH OCEAN DR. JENSEN BCH FL 34957**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
**03/31/1970**      **03/07/1994**

4. FBI Number Applied For  
**50-1407317**      Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**TENNYSON, ROD**  
**1801 AUSTRALIAN AVE. SO., SUITE 101**  
**W. PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALBOLT, GEORGE J.
STREET ADDRESS	9801 S. OCEAN DR.
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	VD
NAME	KOENIG, HAROLD
STREET ADDRESS	9801 S. OCEAN DR.
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	SD
NAME	BROSSART, JAMES C
STREET ADDRESS	9801 S. OCEAN DR.
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	TD
NAME	HIGH, COFOID R.
STREET ADDRESS	9801 S. OCEAN DR.
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	D
NAME	CONNOLLY, JOSEPH E
STREET ADDRESS	9801 S. OCEAN DRIVE
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	D
NAME	COOK, RICHARD
STREET ADDRESS	9801 S. OCEAN DR.
CITY-ST-ZIP	JENSEN BEACH FL 34957

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brossart, James C.	
1.3 STREET ADDRESS	9801 S. Ocean Drive, #1370-2	
1.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leslie Martin	
2.3 STREET ADDRESS	P.O. Box 1628	
2.4 CITY-ST-ZIP	Jensen Beach, FL 34958	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard G. Cook, M.D.	
3.3 STREET ADDRESS	9801 S. Ocean Drive, #1116-2	
3.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	High, Cofoid R.	
4.3 STREET ADDRESS	9801 S. Ocean Drive, #656-2	
4.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brown, Zella	
5.3 STREET ADDRESS	9801 S. Ocean Drive, #987-2	
5.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Connolly, Joseph	
6.3 STREET ADDRESS	9801 S. Ocean Drive, # 66-2	
6.4 CITY-ST-ZIP	Jensen Beach, FL 34957	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached report with an address.

SIGNATURE: *Richard G. Cook* **Richard G. Cook - Secretary** **407-229-2950**

DATE: **3/21/95**



718126

**Nettles Island Inc., a condominium**

9801 South Ocean Drive, Jensen Beach, FL 34957

(407) 229-2930

FAX (407) 229-9901

**ATTACHMENT**

- 7. D Change  
Deiters, William  
9801 S. Ocean Drive, #750-2  
Jensen Beach, FL 34957
  
- 8. D Change  
Isaacs, Robert  
413 Krueger Parkway  
Stuart, FL 34996
  
- 9. D  
Peabody, Esther  
9801 S. Ocean Drive, #270-2  
Jensen Beach, FL 34957