


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90037 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 718120

1. Corporation Name
NETTLES ISLAND, INC.

Principal Place of Business 9801 SOUTH OCEAN DR. JENSEN BCH FL 34957	Mailing Address 9801 SOUTH OCEAN DR. JENSEN BCH FL 34957
--	--



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/31/1970
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1407317
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Cornett, Jane L. 82 Street Address (P.O. Box Number is Not Acceptable) 401 E. Osceola Street, River Oak Center 83 84 City Stuart FL 85 Zip Code 34994
---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 2-25-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPX Director	NAME ISAACS, ROBERT E	1.1 TITLE VP	1.2 NAME True, Robert M.
STREET ADDRESS 9801 S OCEAN DR #1210-2	CITY-ST-ZIP JENSEN BEACH FL	1.3 STREET ADDRESS 756 Nettles Blvd.	1.4 CITY-ST-ZIP Jensen Beach, FL 34957
TITLE P	NAME MARTIN, LESLIE	2.1 TITLE Treasurer	2.2 NAME Esther Peabody
STREET ADDRESS P O BOX 1628 N/A	CITY-ST-ZIP JENSEN BEACH FL	2.3 STREET ADDRESS 270 Nettles Blvd.	2.4 CITY-ST-ZIP Jensen Beach, FL 34957
TITLE SD	NAME COOK, RICHARD G M.D.	3.1 TITLE Assistant Treasurer	3.2 NAME Henry G. Matz
STREET ADDRESS 9801 S OCEAN DRIVE, #1116-2	CITY-ST-ZIP JENSEN BEACH FL	3.3 STREET ADDRESS 228 Nettles Blvd.	3.4 CITY-ST-ZIP Jensen Beach, FL 34957
TITLE T	NAME DEITERS, WILLIAM	4.1 TITLE President	4.2 NAME Deiters, William
STREET ADDRESS 9801 S OCEAN DR #750-2	CITY-ST-ZIP JENSEN BEACH FL	4.3 STREET ADDRESS 750 Nettles Blvd.	4.4 CITY-ST-ZIP Jensen Beach, FL 34957
TITLE D	NAME BROWN, ZELLA	5.1 TITLE Secretary	5.2 NAME Brown, Zella
STREET ADDRESS 9801 S OCEAN DRIVE, #987-2	CITY-ST-ZIP JENSEN BEACH FL	5.3 STREET ADDRESS 987 Nettles Blvd.	5.4 CITY-ST-ZIP Jensen Beach, FL 34957
TITLE D	NAME HIGH, COFOID R	6.1 TITLE D	6.2 NAME Kenneth Selby
STREET ADDRESS 9801 S OCEAN DR #656-2	CITY-ST-ZIP JENSEN BEACH FL	6.3 STREET ADDRESS 641 Nettles Blvd.	6.4 CITY-ST-ZIP Jensen Beach, FL 34957

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* William B. Deiters 2/24/99 561-229-2920
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #