

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **724786** (9)

1. Corporation Name

ISLAND POINT, INC., NO. 1, A CONDOMINIUM



Principal Place of Business: % PROGRESSIVE MANAGEMENT, INC
2753 SR 580, SUITE 207
CLEARWATER FL 34621

Mailing Address: % PROGRESSIVE MANAGEMENT, INC
2753 SR 580, SUITE 207
CLEARWATER FL 34621

3. Date Incorporated or Qualified: **11/13/1972**

3a. Date of Last Report: **02/28/1995**

4. FEI Number: **59-1699773**

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

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

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

2. Principal Place of Business: 21

2a. Mailing Address: 26

22. Suite, Apt. #, etc. 27

23. City & State 28

24. Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent: REARDON, MAUREEN C.
2753 S.R. 580, SUITE 207
CLEARWATER FL 34621

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, FL 85 Zip Code

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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: BOBLENZ, RICHARD STREET ADDRESS: 644 ISLAND WAY #501 CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> DELETE	1.1 TITLE: T/D 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: CONOVER, DOROTHY STREET ADDRESS: 644 ISLAND WAY #107 CITY-ST-ZIP: CLEARWATER, FL 0	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: V/D 2.2 NAME: MORELLO, THOMAS 2.3 STREET ADDRESS: 644 ISLAND WAY #102 2.4 CITY-ST-ZIP: CLEARWATER FL 34630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: COLLARD, MARIE STREET ADDRESS: 644 ISLAND WAY #508 CITY-ST-ZIP: CLEARWATER, FL 0	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: S/D 3.2 NAME: SNAPP, GABBRIELLE 3.3 STREET ADDRESS: 644 ISLAND WAY #401 3.4 CITY-ST-ZIP: CLEARWATER FL 34630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: DOWLING, LESLIE STREET ADDRESS: 644 ISLAND WAY #502 CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: P/D 4.2 NAME: STEENSON, JAMES 4.3 STREET ADDRESS: 644 ISLAND WAY #101 4.4 CITY-ST-ZIP: CLEARWATER FL 34630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BROWER, LOUIS STREET ADDRESS: 644 ISLAND WAY #404 CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: AUBUT, DONALD 5.3 STREET ADDRESS: 644 ISLAND WAY #401 5.4 CITY-ST-ZIP: CLEARWATER FL 34630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GUIFFREDA, EDITH STREET ADDRESS: 644 ISLAND WAY #103 CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: ORNECK, SUSAN 6.3 STREET ADDRESS: 644 ISLAND WAY #206 6.4 CITY-ST-ZIP: CLEARWATER FL 34630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 attachment with an address.

SIGNATURE: *James H. Steenson* 1/22/96 446-4094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)