

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Merikam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724786 (9)**

1. Corporation Name  
**ISLAND POINT, INC., NO. 1, A CONDOMINIUM**

Principal Place of Business <b>% PROGRESSIVE MANAGEMENT, INC 2753 SR 580, SUITE 207 CLEARWATER FL 34621</b>	Mailing Address <b>% PROGRESSIVE MANAGEMENT, INC 2753 SR 580, SUITE 207 CLEARWATER FL 34621-3345</b>
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2. Principal Place of Business <b>21 Sunstate Accounting</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 P.O. Box 1191</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Oldsmar, FL</b>	City & State <b>28 Oldsmar, FL</b>
Zip <b>24 34677</b>	Country <b>25 USA</b>
Zip <b>29 34677</b>	Country <b>30 USA</b>

3. Date Incorporated or Qualified <b>11/13/1972</b>	3a. Date of Last Report <b>02/01/1996</b>
4. FEI Number <b>59-1699773</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HEARDON, MAUREEN C.  
2753 S.R. 580, SUITE 207  
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name <b>Jerry Wicky</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>221 Lafayette Blvd.</b>
83
84 City <b>Oldsmar</b>
85 Zip Code <b>FL 34677</b>

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 **Jerry Wicky /x** *Jerry Wicky* **1-14-97** DATE

12. OFFICERS AND DIRECTORS

TITLE <b>TD</b>	NAME <b>BOBLINZ, RICHARD</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>644 ISLAND WAY #501</b>		
CITY-ST-ZIP <b>CLEARWATER FL</b>		
TITLE <b>VD</b>	NAME <b>MORELLO, THOMAS</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>644 ISLAND WAY, #102</b>		
CITY-ST-ZIP <b>CLEARWATER, FL 0</b>		
TITLE <b>SD</b>	NAME <b>SNAPP, GABRIELLE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>644 ISLAND WAY, #401</b>		
CITY-ST-ZIP <b>CLEARWATER, FL 0</b>		
TITLE <b>PD</b>	NAME <b>STEENSON, JAMES</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>644 ISLAND WAY, #101</b>		
CITY-ST-ZIP <b>CLEARWATER FL</b>		
TITLE <b>D</b>	NAME <b>AUBUT, DONALD</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>644 ISLAND WAY, #401</b>		
CITY-ST-ZIP <b>CLEARWATER FL</b>		
TITLE <b>D</b>	NAME <b>ORNECK, SUSAN</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>644 ISLAND WAY, #206</b>		
CITY-ST-ZIP <b>CLEARWATER FL</b>		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Helen Tsaprazis</b>	
1.3 STREET ADDRESS <b>644 Island Way #608</b>	
1.4 CITY-ST-ZIP <b>Clearwater, FL 34630-1912</b>	
2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Thomas Morello</b>	
2.3 STREET ADDRESS <b>644 Island Way #102</b>	
2.4 CITY-ST-ZIP <b>Clearwater, FL 34630-1906</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Ed Tsaprazis</b>	
5.3 STREET ADDRESS <b>644 Island Way #608</b>	
5.4 CITY-ST-ZIP <b>Clearwater, FL 34630-1912</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Helen Tsaprazis /x** *Helen Tsaprazis* **1-14-97** **813-446-4451** DATE Daytime Phone # **0067418**

CR2E037 (9/96)