

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</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 SUNSTATE ACCOUNTING 2753 SR 580, SUITE 207 OLDSMAR FL 34677 US	Mailing Address PO BOX 1191 221 LAFAYETTE BLVD OLDSMAR FL 34677 US
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3. Date Incorporated or Qualified <b>11/13/1972</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>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	29
25	30

9. Name and Address of Current Registered Agent

**WICKY, JERRY**  
**2221 LAFAYETTE BLVD**  
**OLDSMAR FL 34677**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAPRIZIS, HELEN	1.2 NAME	
STREET ADDRESS	644 ISLAND WAY #608	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORELLO, THOMAS	2.2 NAME	Chuck Collard
STREET ADDRESS	644 ISLAND WAY, #102	2.3 STREET ADDRESS	644 Island way # 508
CITY-ST-ZIP	CLEARWATER, FL 0	2.4 CITY-ST-ZIP	Clearwater, FL. 33767
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNAPP, GABRIELLE	3.2 NAME	ED TSAPRAZIS
STREET ADDRESS	644 ISLAND WAY, #401	3.3 STREET ADDRESS	644 ISLAND WAY #608
CITY-ST-ZIP	CLEARWATER, FL 0	3.4 CITY-ST-ZIP	CLEARWATER FL
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSAPRAZIS, ED	4.2 NAME	Constantine Janus
STREET ADDRESS	644 ISLAND WAY #608	4.3 STREET ADDRESS	644 Island way # 307
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL. 33767
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Bernice Gottlieb
STREET ADDRESS		5.3 STREET ADDRESS	644 Island way #304
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, FL. 33767
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Socrates Lambros
STREET ADDRESS		6.3 STREET ADDRESS	644 Island way #408
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clearwater, FL. 33767

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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.

SIGNATURE: Helen Tsaprazis Helen Tsaprazis 1-21-98 813-446-4451

CR2E037 (10/97)