FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

740459

(3)

THE LA	ikes villas condominil	IM II ASSOCIATION, IN	С			
Principal Place	e of Business	Mailing Address			L ADDIALF RADEN BATHA DATA DIALA BANDA	omai dealt. Remit dimit minit fichit didit 1001
7850 ULMERTON RD 2 7850 ULMERTON RD 2 LARGO FL 34641 LARGO FL 33771-4015						
					3. Date Incorporated or Qualified 10/18/1977	3a. Date of Last Report 02/21/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number 59-1774574	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				60 7E
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	├ ¬		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country		Trust Fund Contribution	Added to Fees
24	25	29	30	,	 This corporation has liability for Florida Statutes 	Intangible tax under s. 199.032,
	9. Name and Address of Curre		<u> </u>	·····	10. Name and Address of New R	
			81	Name		
HOLIDAY ISLES PROPERTY MGT., INC			82	Street A	Address (P.O. Box Number is Not Accepta	ible)
7850 ULMERTON RD SUITE 1			83			
LARGO 34641			84	City		85 Zip Code
				' '		FL []
11. Pursuant office or reagent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 617.1508, Florida Statut e of Florida. Such change was gations of, Section 617.0503, Fl	les, the abov authorized b orida Statute	e-named o y the corp s.	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its registered ept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	part and title if employable (N/XI	F Benislaved An	eni sinnatura i	required when reinstating)	DATE
12.		ND DIRECTORS	13.	en el Anema	ADDITIONS/CHANGES TO OFF	
TITLE	D DELETE 1.1		1.1 THTLE			☐ Change ☐ Addition
NAME			1.2 NAME	Ì		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREE	T ADDRESS		
CITY - ST - ZIP			1.4 CITY-	ST-ZIP		
TITLE	_		2.1 TITLE	ļ		Change Addition
NAME	BURGESS, LOUISE 4742 LAKE VILLA DRIVE		2.2 NAME	T 4 DODGOO		
STREET ADDRESS	AL DADILLATED FI		2.3 STREE 2. 4 CITY -	T ADDRESS		
CITY-ST-ZIP TITLE			3.1 TITLE	SI-ZIF		Change Addition
NAME	TALL BORROW		3.2 NAME	}		•
STREET ADDRESS	AAAA LAME INI LA BIB			T ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-			
TITLE	······································		4.1 TITLE			Change Addition
NAME	MARANO, DAVEY		4. 2 NAME	: [
STREET ADDRESS	4794 LAKE VILLA DR. 433		4.3 STREE	T ADDRESS		
City-St-ZiP			4.4 CITY-	ST-ZIP		
TITLE			51 TITLE	(Change Addition
NAME	COTTONE, PATRICIA		5.2 NAME			
STREET ADDRESS	4796 LAKE VILLA DRIVE		5.3 STREE	T ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY -	ST-ZIP	·	
TITLE		☐ DELETE	6.1 TITLE	ļ		Change Addition
NAME			6.2 NAME)		
STREET ADDRESS			6.3 STREE	T ADDRESS		

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER PROPRECTOR

16/97

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FILED

Jan 24 1997 8:00am

Secretary of State

(2E037 (9/96)