

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:45

DOCUMENT # 747912 (4)

1. Corporation Name

THE VILLAGE ON ISLAND ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

240 WINDWARD PASSAGE
CLEARWATER FL 34630-2238

240 WINDWARD PASSAGE
CLEARWATER FL 34630-2238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/02/1979	3a. Date of Last Report 03/14/1994
4. FEI Number 59-1957145	Applied For Not Applicable

2. Principal Place of Business 21 Holiday Isles Prop. Suite, Apt. #, etc.	2a. Mailing Address 26 7850 Ulmerton Rd. #1 Suite, Apt. #, etc.
22 7850 Ulmerton Rd. City & State	27 City & State
23 Largo, FL 34641 Zip Country	28 Largo, FL 34641 Zip Country
24 USA	29 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOLIDAY ISLES PROPERTY MANAGEMENT
% BOB BABCOCK
7850 ULMERTON ROAD
LARGO FL 34630**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	WARREN, GLEN
STREET ADDRESS	240 WINDWARD PASS 105 DELETE
CITY-ST-ZIP	CLEARWATER FL
TITLE	P
NAME	MEIER, HARRY P.
STREET ADDRESS	240 WINDWARD PASS 404
CITY-ST-ZIP	CLEARWATER FL
TITLE	VP
NAME	SETKOWICZ, ANN
STREET ADDRESS	240 WINDWARD PASSAGE #1301
CITY-ST-ZIP	CLEARWATER, FL 0
TITLE	S
NAME	RICCI, JOHN
STREET ADDRESS	240 WINDWARD PASS, #303
CITY-ST-ZIP	CLEARWATER FL
TITLE	S
NAME	BROWNING, DAVE DELETE
STREET ADDRESS	240 WINDWARD PASS-303-1004
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ann Setkowitz, Treasurer
1.3 STREET ADDRESS	240 Windward Passage #1101
1.4 CITY-ST-ZIP	Clearwater, FL 34630
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	George Alexiou, Director
5.3 STREET ADDRESS	240 Windward Passage #601
5.4 CITY-ST-ZIP	Clearwater, FL 34630
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sean Hartman, Director
6.3 STREET ADDRESS	240 Windward Passage #1003
6.4 CITY-ST-ZIP	Clearwater, FL 34630

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: *Harry P. Meier* HARRY P. MEIER 1/13/95 446-4514