

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 # 747912 (4)

1. Corporation Name

THE VILLAGE ON ISLAND ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: HOLIDAY ISLES PROP, 7850 ULMERTON ROAD, LARGO FL 34641, US
Mailing Address: 7850 ULMERTON ROAD #1, LARGO FL 34641, US

3. Date Incorporated or Qualified: 07/02/1979
3a. Date of Last Report: 02/21/1995

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 59-1957145
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

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 (81-85) fields for Name, Street Address, City, and 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] (NOTE: Registered Agent signature required when reinstating) DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T NAME: SETKOWICZ, ANN STREET ADDRESS: 240 WINDWARD PASSAGE #1101 CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: SETKOWICZ, ANN 1.3 STREET ADDRESS: 240 WINDWARD PASSAGE #1101 1.4 CITY-ST-ZIP: CLEARWATER FL 34630
P NAME: MEIER, HARRY STREET ADDRESS: 240 WINDWARD PASS 404 CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: TD 2.2 NAME: MEIER, HARRY 2.3 STREET ADDRESS: 240 WINDWARD PASSAGE #404 2.4 CITY-ST-ZIP: CLEARWATER FL 34630
VP NAME: SETKOWICZ, ANN STREET ADDRESS: 240 WINDWARD PASSAGE #1301 CITY-ST-ZIP: CLEARWATER, FL 0	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: BARROWS, R.J. 3.3 STREET ADDRESS: 240 WINDWARD PASSAGE #1102 3.4 CITY-ST-ZIP: CLEARWATER FL 34630
S NAME: RIGGI, JOHN STREET ADDRESS: 240 WINDWARD PASS #303 CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: VD 4.2 NAME: BROWNING, DAVID 4.3 STREET ADDRESS: 240 WINDWARD PASSAGE #1004 4.4 CITY-ST-ZIP: CLEARWATER FL 34630
D NAME: ALEXIOU, GEORGE STREET ADDRESS: 240 WINDWARD PASSAGE #601 CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: SD 5.2 NAME: FAY, ROBERT 5.3 STREET ADDRESS: 240 WINDWARD PASSAGE #1203 5.4 CITY-ST-ZIP: CLEARWATER FL 34630
D NAME: HARTMAN, SEAN STREET ADDRESS: 240 WINDWARD PASSAGE #1003 CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]

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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: [Signature] DATE: 4/24/96 DAYTIME PHONE: (813) 447-6716

CR2E037 (12/95)