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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33771-4015 US
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3. Date Incorporated or Qualified 07/02/1979	3a. Date of Last Report 05/01/1996
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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

4. FEI Number 59-1957145	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SETKOWICZ, ANN	
STREET ADDRESS	240 WINDWARD PASSAGE #1101	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MEIER, HARRY	
STREET ADDRESS	240 WINDWARD PASSAGE #404	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARROWS, R. J	
STREET ADDRESS	240 WINDWARD PASSAGE #1102	
CITY-ST-ZIP	CLEARWATER, FL 0	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROWNING, DAVID	
STREET ADDRESS	240 WINDWARD PASSAGE #1004	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRY, ROBERT	
STREET ADDRESS	240 WINDWARD PASSAGE #1203	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROWNING, DAVID	
1.3 STREET ADDRESS	240 WINDWARD PASSAGE #1004	
1.4 CITY-ST-ZIP	CLEARWATER FL 34630	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ASNER, LANNY	
2.3 STREET ADDRESS	240 WINDWARD PASSAGE #903	
2.4 CITY-ST-ZIP	CLEARWATER FL 34630	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AYALA, JANICE	
3.3 STREET ADDRESS	240 WINDWARD PASSAGE #501	
3.4 CITY-ST-ZIP	CLEARWATER FL 34630	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *David Browning* **DAVID BROWNING** PRES Date: **JAN 27, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0051536

CR2E037 (9/96)