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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 34641 US
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3. Date Incorporated or Qualified
07/02/1979

4. FEI Number 59-1957145	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 7850 Ulmerton Road 27 Suite, Apt. #, etc. #1 28 City & State Largo, FL 29 Zip 30 Pinellas 25 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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 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 type="checkbox"/> DELETE
NAME	BROWNING, DAVID	
STREET ADDRESS	240 WINDSWARD PASSAGE #1004	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ASNER, LANNY	
STREET ADDRESS	240 WINDSWARD PASSAGE #501	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARROWS, R. J.	
STREET ADDRESS	240 WINDSWARD PASSAGE #1102	
CITY-ST-ZIP	CLEARWATER, FL 0	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	D Smith, Jim
3.3 STREET ADDRESS	240 Windward Passage #1301
3.4 CITY-ST-ZIP	Clearwater, FL 33767
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	D Ricci, John
5.3 STREET ADDRESS	240 Windward Passage #303
5.4 CITY-ST-ZIP	Clearwater, FL 33767
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 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 checked, or on an attachment with an address.

SIGNATURE: *Lanny Asner* **LANNY ASNER** **3-4-98** **813-442-7216**

CR2E037 (10/97)