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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747912
 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 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/02/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1957145
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BROWNING, DAVID	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 240 WINDSWARD PASSAGE #1004	CITY-ST-ZIP CLEARWATER FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE TD	NAME ASNER, LANNY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 240 WINDSWARD PASSAGE #501	CITY-ST-ZIP CLEARWATER FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE D	NAME SMITH, JIM	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 240 WINDWARD PASSAGE #1301	CITY-ST-ZIP CLEARWATER, FL 0 33767	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE SD	NAME FRY, ROBERT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 240 WINDWARD PASSAGE #1203	CITY-ST-ZIP CLEARWATER FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D	NAME RICCI, JOHN	5.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2740 WINDWARD PASSAGE #303	CITY-ST-ZIP CLEARWATER FL 33767	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME RICCI, JOHN	6.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2740 WINDWARD PASSAGE #303	CITY-ST-ZIP CLEARWATER FL 33767	6.2 NAME AVANCE, EDWARD	
		6.3 STREET ADDRESS 240 WINDWARD PASSAGE #302	
		6.4 CITY-ST-ZIP CLEARWATER, FL 33767	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN RICCI **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)