

**FILE NOW: FILING FEE IS \$61.25**

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**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **761676** (6)  
1. Corporation Name  
**PORTS OF IONA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
15110 PORTS OF IONA-101B FT MYERS FL 33908 15110 PORTS OF IONA-101B FT MYERS FL 33908

3. Date incorporated or Qualified  
**02/01/1982**  
4. FEI Number  
**59-2370095** Applied For Not Applicable

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 25 29 30

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  
**YOUNGERS, JAMES**  
~~15110 PORTS OF IONA RD-101B-~~ **15216 Harbour Isle Dr**  
**FT MYERS FL 33908**

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 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 **JAMES YOUNGERS** DATE **1-29-98**  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	THECKSTON, JAMES	1.2 NAME	Linda Kurowski
STREET ADDRESS	15110 PTS OF IONA-201B	1.3 STREET ADDRESS	15110 Ports of Iona 101B
CITY-ST-ZIP	FT. MYERS FL 33908	1.4 CITY-ST-ZIP	FT MYERS FL 33908
TITLE	VD	2.1 TITLE	
NAME	KING, DOUGLAS.	2.2 NAME	
STREET ADDRESS	15110 PTS OF IONA-205B	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD SHARON FAGANS
NAME	KUROWSKI, LINDA	3.2 NAME	15110 Ports of Iona 202B
STREET ADDRESS	15110 PTS OF IONA -101B	3.3 STREET ADDRESS	FT MYERS FL 33908
CITY-ST-ZIP	FT. MYERS FL 33908	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CRAMPTON, JUNE	4.2 NAME	
STREET ADDRESS	15110 PORTS OF IONA 305B	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 305B	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE: **JAMES YOUNGERS** DATE **1-29-98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)