FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

764933

(8)

ISLAND'S REACH TOWNHOUSE ASSOCIATION, INC.

21.9 (1.5) (1.5)	
Principal Place of Business	Mailing Address
8461 NAVARRE PARKWAY NAVARRE FL 32568	8461 NAVARRE PARKWAY NAVARRE FL 32566-6936

FILED May 20 1997 8:00am Secretary of State



8461 NAVARRE NAVARRE FL 3		NAVARRE FL 32566-6936			
			:	3. Date incorporated or Qualified 09/09/1982	3a. Date of Last Report 07/12/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 8662 Na	avarre Pkwy	59-2778894	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	:	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8	City & State	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29 32566 3	USA		Yes No
	9. Name and Address of Currer			10. Name and Address of New Re	gistered Agent
:1.114.			81 Name		
CURTIS	, CALVIN C.		82 Street A	Address (P.O. Box Number is Not Acceptate	sle)
	AVARRE PARKWAY		OZ ONOCI P	to the following of the	,,,,,,
	RE FL 32566		83		
			84 City		85 Zip Code
grades of Stage of a					
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 617.1508, Florida Statutes of Florida. Such change was au ations of, Section 617.0503, Flor	s, the above-named athorized by the corpida Statutes.	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing Its registered of the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	CURTIS, CALVIN C.		1 2 NAME	Malford Howell _	
STREET ADDRESS	8461 NAVARRE PARKWAY		1,3 STREET ADDRESS	8481 Navarre Pkwy	
CITY-ST-ZIP	NAVARRE, FL. 0		1,4 CITY-ST-ZIP	NAVAVVC, FL 32566	
TITLE	TD	X DELETE	2.1 TITLE		Change Addition
NAME	EVANS, ROBERT W.		2 2 NAME		
STREET ADDRESS	8473 NAVARRE PARKWAY		2 3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		2 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3 TITLE		Change Addition
NAME	HOOD, DONALD E		3 2 NAME		
STREET ADDRESS	8477 NAVARRE PKWY		3,3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL	T ariest	3 4. CITY-ST-ZIP		Charter T Au 192 :
TITLE	VO	DELETE	4¦1 TITLE		Change Addition
namé	FAESSEL, MATTHEW		4 2 NAME		
STREET ADDRESS	8449 NAVARRE PARKWAY		43 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL	Drutte	4,4 CITY-ST-ZIP		Change Addition
TITLE	D	☐ DELETÉ	5 1 TITLE		Criange C Accuton
NAME	HUFF, LAVON		5 2 NAME		
STREET ADDRESS	8465 NAVARRE PKWY		5,3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL	☐ DELETE	5,4 CITY - ST - ZIP		Change Addition
TITLE		☐ DEFF IF	6 TITLE		— сланде — миллоги
NAME			6,2 NAME		
STREET ADDRESS			6,3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6,4 CITY - ST - ZIP		

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 coporation or the receiver optrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13/1 changed, or on an attachment with an address.