

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

**FILED**

**Mar 19 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764933 (8)**  
1. Corporation Name  
**ISLAND'S REACH TOWNHOUSE ASSOCIATION, INC.**



Principal Place of Business <b>8461 NAVARRE PARKWAY NAVARRE FL 32566</b>	Mailing Address <b>8652 NAVARRE PRKYW 321 NAVARRE FL 32566 US</b>
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3. Date Incorporated or Qualified  
**09/09/1982**

4. FEI Number  
**59-2778894**

Applied For	Not Applicable
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2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

Suite, Apt. #, etc.  
**22**

City & State  
**23**

Zip  
**24**

Country  
**25**

City & State  
**27**

Zip  
**28**

Country  
**29**

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

10. Name and Address of New Registered Agent

**CURTIS, CALVIN C.  
8461 NAVARRE PARKWAY  
NAVARRE FL 32566**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CURTIS, CALVIN C.</b>	1.2 NAME	<b>Tom Polczynski</b>
STREET ADDRESS	<b>8461 NAVARRE PARKWAY</b>	1.3 STREET ADDRESS	<b>8463 Navarre Pkwy</b>
CITY-ST-ZIP	<b>NAVARRE, FL 0</b>	1.4 CITY-ST-ZIP	<b>Navarre, FL 32566</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWELL, MALFND</b>	2.2 NAME	
STREET ADDRESS	<b>8481 NAVARRE PKWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAVARRE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOOD, DONALD E</b>	3.2 NAME	
STREET ADDRESS	<b>8477 NAVARRE PKWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAVARRE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAESSEL, MATTHEW</b>	4.2 NAME	
STREET ADDRESS	<b>8449 NAVARRE PARKWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAVARRE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUFF, LAVON</b>	5.2 NAME	
STREET ADDRESS	<b>8485 NAVARRE PKWY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAVARRE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Calvin Curtis* **CALVIN C. CURTIS 3-19-98 850-939-3213**

CR2E037 (10/97)