


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90219 040 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764933**

1. Corporation Name  
**ISLAND'S REACH TOWNHOUSE ASSOCIATION, INC.**

Principal Place of Business 8461 NAVARRE PARKWAY NAVARRE FL 32566	Mailing Address 8652 NAVARRE PRKWY 321 NAVARRE FL 32566 US
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 5211 27 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/09/1982
22 City & State	23 City & State 28 Navarre, FL	4. FEI Number 59-2778894 Applied For <input type="checkbox"/> Not Applicable
24 Zip 25 Country	29 32566 30 USA	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, CALVIN C.	1.2 NAME	
STREET ADDRESS	8461 NAVARRE PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE, FL 0	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, MALFND	2.2 NAME	JOSEPH, LUTHER SCOTT
STREET ADDRESS	8481 NAVARRE PKWY	2.3 STREET ADDRESS	8435 NAVARRE PARKWAY
CITY-ST-ZIP	NAVARRE FL	2.4 CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAESSEL, MATTHEW	3.2 NAME	D QUEENAN, REGINALD
STREET ADDRESS	8449 NAVARRE PARKWAY	3.3 STREET ADDRESS	8411 NAVARRE PARKWAY
CITY-ST-ZIP	NAVARRE FL	3.4 CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFF, LAVON	4.2 NAME	
STREET ADDRESS	8465 NAVARRE PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLCZYNSKI, TOM	5.2 NAME	
STREET ADDRESS	8463 NAVARRE PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566	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, with all other names empowered.

SIGNATURE: Katherine Harris DATE: 4/10/99 DAYTIME PHONE #: 939-3213

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