

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H54419 (7)
 1. Corporation Name
ISLE OF PALMS MOBILE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business 7400 46TH AVENUE NORTH LOT 200 ST. PETERSBURG FL 33709 US	Mailing Address 7400 46TH AVE N. LOT 200 ST. PETERSBURG FL 33709-2548 US
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3. Date Incorporated or Qualified 04/30/1985	3a. Date of Last Report 03/25/1996
4. FEI Number 59-2038191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
**KIMBALL, PATRICIA
 7400 46TH AVE N., LOT 200
 ST PETERSBURG FL 33709**

10. Name and Address of New Registered Agent
 81 Name **Jame**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Register of Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	Elmer Makin 213 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLODEN, AMRY LOU	1.2 NAME	7400 46th Ave N.
STREET ADDRESS	7400 46TH AVE. N LOT 314	1.3 STREET ADDRESS	St. Petersburg, FL 33709
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	D Duane Easter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, MILDRED F	2.2 NAME	7400 46th Ave N. lot
STREET ADDRESS	7400 46TH AVE NO LOT 412	2.3 STREET ADDRESS	St Petersburg 33709
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V-P Ted Emanuel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERET, CLAIRE	3.2 NAME	7400 46th Ave N.
STREET ADDRESS	7400 46TH AVE. N. LOT 141	3.3 STREET ADDRESS	St Petersburg 33709
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Gloria Ballargeon Sec. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAHOH, BETTY	4.2 NAME	7400 46th Ave N.
STREET ADDRESS	7400 46TH AVE.	4.3 STREET ADDRESS	St. Petersburg 33709
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Ken Theobald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTURA, LOU	5.2 NAME	7400 46th Ave N
STREET ADDRESS	7400 46 AVE N, LOT 416	5.3 STREET ADDRESS	St. Petersburg, 33709
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Pat Kimball <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAHON, BETTY	6.2 NAME	
STREET ADDRESS	7400 46 AVE N, LOT 131	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

14. 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (9/96)