

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

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Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 04/30/1985
4. FEI Number: 59-2038191 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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
KIMBALL, PATRICIA
7400 46TH AVE N., LOT 200
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent
B1 Name: ELMER MAKIN
B2 Street Address (P.O. Box Number is Not Acceptable): 7400 46TH AVE N L 313
B3
B4 City: ST. PETERSBURG FL B5 Zip Code: 33709

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: Elmer Makin DATE: 4-15-98

12. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> DELETE
NAME	MAKIN, ELMER	
STREET ADDRESS	7400 46TH AVE. NORTH STE 313	
CITY-ST-ZIP	ST PETERBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EASTER, DUANE	
STREET ADDRESS	7400 46TH AVE. NORTH LOT	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	EMANUEL, TED	
STREET ADDRESS	7400 46TH AVE. NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BALLARGEON, GLORIA	
STREET ADDRESS	7400 46TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THEOBOLD, KEN	
STREET ADDRESS	7400 46TH AVE. NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIMBALL, PAT	
STREET ADDRESS	7400 46 AVE N, LOT 131	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TREA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TED EMANUEL	
2.3 STREET ADDRESS	7400 46TH AVE N ST. PETES FL 33709	
2.4 CITY-ST-ZIP		
3.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLARE SHEPHERD	
3.3 STREET ADDRESS	7400 46TH AVE N L 41	
3.4 CITY-ST-ZIP	ST. PETES FL 33709	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBT VEILLETTE	
4.3 STREET ADDRESS	7400 46TH AVE N L 158	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BETTY McMAHON	
5.3 STREET ADDRESS	7400 46TH AVE N.	
5.4 CITY-ST-ZIP	ST. PETES FL.	
6.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ballargeon Gloria	
6.3 STREET ADDRESS	7400 46th Ave N. Lot	
6.4 CITY-ST-ZIP	ST PETES FL 33709	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria Ballargeon Mar 11/98

CR2E034 (10/97)