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Mar 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H54419**

1. Corporation Name
ISLE OF PALMS MOBILE HOMEOWNERS ASSOCIATION, INC



DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified
04/30/1985

4. FEI Number
59-2038191

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 Zip Country

9. Name and Address of Current Registered Agent

**MAKINS, ELMER
 7400 46TH AVE N L313
 ST PETERSBURG FL 33709**

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 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | MAKIN, ELMER | |
| STREET ADDRESS | 7400 46TH AVE. NORTH STE 313 | |
| CITY-ST-ZIP | ST PETERBURG FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | EMANUEL, TED | |
| STREET ADDRESS | 7400 46TH AVE. NORTH LOT | |
| CITY-ST-ZIP | ST PETERSBURG FL 33709 | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | SHERET, CLARE | |
| STREET ADDRESS | 7400 46TH AVE N L-141 | |
| CITY-ST-ZIP | ST PETERSBURG FL 33709 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VEILLETTE, ROBT | |
| STREET ADDRESS | 7400 46TH AVE N L-158 | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCMAHON, BETTY | |
| STREET ADDRESS | 7400 46TH AVE N | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | BALLORGEON, GLORIA | |
| STREET ADDRESS | 7400 46TH AVE N LOT | |
| CITY-ST-ZIP | ST PETERSBURG FL 33709 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | TOM LYNCH | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 7400 46TH AVE L 327 | |
| 1.3 STREET ADDRESS | ST. PETES FL. 33709 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | KEN THEOBALD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 7400 46TH AVE N L 133 | |
| 2.3 STREET ADDRESS | ST. PETES FL 33709 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | ELMER MAKIN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 7400 46TH AVE N L 313 | |
| 3.3 STREET ADDRESS | ST. PETES FL. 33709 | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | BOB VEILLETTE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | 7400 46TH AVE N L 158 | |
| 4.3 STREET ADDRESS | ST. PETES FL. 33709 | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | BETTY MCMAHON | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | 7400 46TH AVE N | |
| 5.3 STREET ADDRESS | ST. PETES FL. | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | GLORIA BAIL LARGON | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 7400 46TH AVE N L 329 | |
| 6.3 STREET ADDRESS | ST. PETES FL 33709 | |
| 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 607, 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Mar 10/99** Daytime Phone # **887-541-3305**

CORPENS (11/98)