


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H54419					
1. Entity Name ISLE OF PALMS MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7400 46TH AVENUE NORTH LOT 313 ST. PETERSBURG FL 33709 US		Mailing Address 7400 46TH AVENUE NORTH LOT 313 ST. PETERSBURG FL 33709 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-2038191 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAKINS, ELMER 7400 46TH AVE N L313 ST PETERSBURG FL 33709			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIMBALL, PATRICIA		NAME		
STREET ADDRESS	7400 - 46TH AVE. NORTH, LOT 200		STREET ADDRESS	U00000075193 03/03/04-80050-006 150.00	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAKINS, ELMER		NAME		
STREET ADDRESS	7400 - 46TH AVE. NORTH, LOT 313		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WACHSTETTER, CAROLYN		NAME		
STREET ADDRESS	7400 - 46TH AVE. NORTH, LOT 142		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, CLAIRE		NAME		
STREET ADDRESS	7400 - 46TH AVE. NORTH, LOT 207		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROTTE, BILL		NAME		
STREET ADDRESS	7400 - 46TH AVE. NORTH, LOT 305		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNCH, NORMA		NAME		
STREET ADDRESS	7400 - 46TH AVE. NORTH, LOT 327		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33709		CITY-ST-ZIP		



MOORE CR2E034 (11/03)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE CLARK - Claire Clark 3/3/04 727-541-7037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #