

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90047 030 ***150.00

DOCUMENT # H54419

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

Principal Place of Business
**7400 46TH AVENUE NORTH
 LOT ~~200~~ 207
 ST. PETERSBURG FL 33709
 US**

Mailing Address
**7400 46TH AVENUE NORTH
~~LOT 200~~ LOT 207
 ST. PETERSBURG FL 33709
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2038191** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~MAKINS, ELMER
 7400 46TH AVE N L313
 ST PETERSBURG FL 33709~~
DECEASED

7. Name and Address of New Registered Agent
 Name **CLAIRE M. CLARK**
 Street Address (P.O. Box Number is Not Acceptable) **7400-46TH AVE. NO. LOT 207**
 City **ST. PETERSBURG, FL** Zip Code **33709**

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 Claire M. Clark, Treasurer 4/1/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYDE, DOROTY 7400 - 46TH AVE. NORTH, LOT 200 SAINT PETERSBURG FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAKINS, ELMER 7400 - 46TH AVE. NORTH, LOT 313 ST PETERSBURG FL 33709 <input checked="" type="checkbox"/> Delete DECEASED	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEORGE NORTH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7400-46TH AVE. NO. LOT 220 ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WACHSTETTER, CAROLYN 7400 - 46TH AVE. NORTH, LOT 142 ST PETERSBURG FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, CLAIRE 7400 - 46TH AVE. NORTH, LOT 207 SAINT PETERSBURG FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NORMA 7400-46TH AVE NO. LOT SAINT PETERSBURG FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, NORMA 7400 - 46TH AVE. NORTH, LOT 327 ST PETERSBURG FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 M. CLARK - Claire M. Clark 4/1/06 727-541-7037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #