


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90027 012 ***150.00

DOCUMENT # H54419
 1. Entity Name
ISLE OF PALMS MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 7400 46TH AVENUE NORTH 7400 46TH AVENUE NORTH
 LOT 207 LOT 207
 ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number Applied For
59-2038191 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CLARK, CLAIRE M
7400 46TH AVE N.
LOT 207
ST PETERSBURG FL 33709

7. Name and Address of New Registered Agent
 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 *Claire M. Clark* DATE *3/20/08*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HYDE, DOROTY	
STREET ADDRESS	7400 - 46TH AVE. NORTH, LOT 200	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NORTH, GEORGE	
STREET ADDRESS	7400 46TH AVE. N. LOT 220	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WACHSTETTER, CAROLYN	
STREET ADDRESS	7400 - 46TH AVE. NORTH, LOT 142	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARK, CLAIRE	
STREET ADDRESS	7400 - 46TH AVE. NORTH, LOT 207	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, NORMA	
STREET ADDRESS	7400-46TH AVE NO. LOT	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, NORMA	
STREET ADDRESS	7400 - 46TH AVE. NORTH, LOT 327	
CITY-ST-ZIP	ST PETERSBURG FL 33709	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROCCO FACCIANTO		
STREET ADDRESS	7400-46TH AVE. NO. LOT-424		
CITY-ST-ZIP	ST. PETERSBURG, FL. 33709		
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHERYL FACCIANTO		
STREET ADDRESS	7400-46TH AVE. NO. LOT-424		
CITY-ST-ZIP	ST. PETERSBURG, FL. 33709		
TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARBARA PARISEAU		
STREET ADDRESS	7400-46TH AVE. NO. LOT-106		
CITY-ST-ZIP	ST. PETERSBURG, FL. 33709		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ED SHIAVONE		
STREET ADDRESS	7400-46TH AVE. NO. LOT-407		
CITY-ST-ZIP	ST. PETERSBURG, FL. 33709		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PAM JONES		
STREET ADDRESS	7400-46TH AVE. NO. LOT - 413		
CITY-ST-ZIP	ST. PETERSBURG, FL. 33709		

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* DATE *3/20/08* DAYTIME PHONE *727-541-7037*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR