

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90297 036 ***150.00

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 **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMBALL, PATRICIA 7400 46TH AVE N. L 46 SAINT PETERSBURG FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WACHSTETTER, CAROLYN 7400 46 N AVE N 133 ST PETERSBURG FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'NEILL, TERRY 7400 46TH N L-111 ST PETERSBURG FL 33709 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROTTE, BILL 7400 46TH AVE N L-158 ST PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, CLARE 7400 46TH AVE LOT 327 ST PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAWKIN, ELMER 7400 46TH AVE N LOT ST PETERSBURG FL 33709 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. KIMBALL, PATRICIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7400-46TH AVE. NO. LOT 200 ST. PETERSBURG, FL. 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAKINS, ELMER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7400-46TH AVE. NO. LOT 313 ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. WACHSTETTER, CAROLYN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7400-46TH AVE. NO. LOT 142 ST. PETERSBURG, FL. 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. CLARK, CLAIRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7400-46TH AVE. NO. LOT 207 ST. PETERSBURG, FL. 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROTTE, BILL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7400-46TH AVE. NO. LOT 305 ST. PETERSBURG, FL. 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, NORMA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7400-46TH AVE. NO. LOT 327 ST. PETERSBURG, FL. 33709

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 M. CLARK 4/1/03 727-541-7037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)