FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01849 (1)

1. Corporation Name

ISLAND CLUB OF TARPON SPRINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1730 ALT 19TH SOUTH E TARPON SPRINGS FL 34689 US	1730 ALT. 19TH SOUTH E TARPON SPRINGS FL 34689 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1984
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2376850 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 Suite H	Suite, Apt. #, etc. 27 Suite H
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PREFERRED MANAGEMENT
1730 ALT. 19TH SOUTH
SUITE E
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83 Suite H
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] MANAGER 4-29-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MESSINA, DONALD E.	1.2 NAME		
STREET ADDRESS	1500 SUNSET RD - E-3	1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SCERBO, RAYMOND	2.2 NAME		
STREET ADDRESS	1500 SUNSET ROAD - F-7	2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BABCOCK, JAMES	3.2 NAME		
STREET ADDRESS	1500 SUNSET RD. - A-6	3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	S	☒ Change ☐ Addition
NAME	STANTON, RICHARD	4.2 NAME	Noonan, Joan	
STREET ADDRESS	1500 SUSET RD. C-4	4.3 STREET ADDRESS	1600 Sunset Rd # A-3	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	VP	5.1 TITLE	T	☐ Change ☐ Addition
NAME	WARD, ROBERT	5.2 NAME	PRESENTED BY MAIL	
STREET ADDRESS	1500 SUNSET RD. C-8	5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	$87.50	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] MANAGER 4-29-95 813-938-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084307