FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N01849** **(1)**

1. Corporation Name

ISLAND CLUB OF TARPON SPRINGS CONDOMINIUM ASSOCI ATION, INC.

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

3. Date Incorporated or Qualified: 03/06/1984
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 905 M.L. King Jr. Dr.
Suite, Apt. #, etc.
22 Suite 213
City & State
23 Tarpon Springs, Fl.
Zip 24 34689 Country 25 U.S.

2a. Mailing Address
26 905 M.L. King Jr. Dr.
Suite, Apt. #, etc.
27 Suite 213
City & State
28 Tarpon Spring, Fl
Zip 29 34689 Country 30 U.S.

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Bay Area Realty Management, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 905 M.L. King, Jr. Dr.
83 Suite 213
84 City: Tarpon Springs FL 85 Zip Code: 34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Jacqueline McMahon (Manager) Jacqueline McMahon 2/5/96
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	P	☒ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	MESSINA, DONALD E.		1.2 NAME	SANDY ANTHONY	
STREET ADDRESS	1500 SUNSET RD - E-3		1.3 STREET ADDRESS	1500 SUNSET ROAD - A-6	
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP	TARPON SPRINGS, FL.	
TITLE	VD	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	SCERBO, RAYMOND		2.2 NAME	SCERBO, RAYMOND	
STREET ADDRESS	1500 SUNSET ROAD - F-7		2.3 STREET ADDRESS	1500 SUNSET ROAD - F-7	
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP	TARPON SPRINGS, FL.	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BABCOCK, JAMES		3.2 NAME		
STREET ADDRESS	1500 SUNSET RD. - A-6		3.3 STREET ADDRESS	300001743043	
CITY-ST-ZIP	TARPON SPRINGS FL		3.4 CITY-ST-ZIP	-03/14/96--01055--002	
TITLE	S	☐ DELETE	4.1 TITLE	***61.25	☐ Change ☐ Addition
NAME	NOONAN, JOAN		4.2 NAME		
STREET ADDRESS	1500 SUNSET RD #A-3		4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	WARD, ROBERT		5.2 NAME	WARD, Robert	
STREET ADDRESS	1500 SUNSET RD. C-8		5.3 STREET ADDRESS	1500 SUNSET RD-C8	
CITY-ST-ZIP	TARPON SPRINGS FL		5.4 CITY-ST-ZIP	TARPON SPRING, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: John T Noonan JOHN T NOONAN 2-5-96 813-934-4392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #