FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
905 M.L. KING JR. DR. SUITE 213 TARPON SPRINGS FL 34689	905 M.L. KING JR. DR. SUITE 213 TARPON SPRINGS FL 34689-4827

3. Date Incorporated or Qualified: 03/08/1984
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business — 21: 905 M.L.King Jr DR; 22 Suite, Apt. #, etc.: 227; 23 City & State: TARPON SPRINGS; 24 Zip: 34689; 25 Country: US

2a. Mailing Address — 26: 905 M.L.King DR; 27 Suite, Apt. #, etc.: 227; 28 City & State: TARPON SPRINGS; 29 Zip: 34689; 30 Country: 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

BAY AREA REALTY MANAGEMENT, INC.
905 M.L. KING JR. DR.
SUITE 213
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Resource Property Management
82 Street Address (P.O. Box Number is Not Acceptable): 905 M.L. King DR.
83: SUITE 227
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 (Jacqueline McMahon) Property Manager 3-5-97
Signature required 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	T	☒ DELETE	1.1 TITLE	(PD	☒ Change ☐ Addition
NAME	ANTHONY, SANDY		1.2 NAME	KRIS Rich	
STREET ADDRESS	1500 SUNSET RD - A-6		1.3 STREET ADDRESS	1500 SUNSET RD - F1	
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE	P	☒ DELETE	2.1 TITLE	(VPD	☒ Change ☐ Addition
NAME	SCERBO, RAYMOND		2.2 NAME	MAXINE MICHAEL	
STREET ADDRESS	1500 SUNSET ROAD - F-7		2.3 STREET ADDRESS	1500 SUNSET RD - D2	
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE	~~VD-S~~	☒ DELETE	3.1 TITLE	(S	☒ Change ☐ Addition
NAME	BABCOCK, JAMES		3.2 NAME	James Babcock	
STREET ADDRESS	1500 SUNSET RD. - A-6		3.3 STREET ADDRESS	1500 SUNSET RD-A6	
CITY-ST-ZIP	TARPON SPRINGS FL		3.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE	S	☒ DELETE	4.1 TITLE	(TD	☒ Change ☐ Addition
NAME	NOONAN, JOAN		4.2 NAME	VEDA LEONE	
STREET ADDRESS	1500 SUNSET RD #A-3		4.3 STREET ADDRESS	1500 SUNSET RD-G3	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		4.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WARD, ROBERT		5.2 NAME		
STREET ADDRESS	1500 SUNSET RD. C-8		5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		5.4 CITY-ST-ZIP		
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 (9/96)

14. I do 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 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: [illegible] DATE