

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 3:07

DOCUMENT # N25466 (6)
1. Corporation Name
THE ISLAND PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
**275 TONEY PENNA DR.
STE 10
JUPITER FL 33458
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/17/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0076976** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**KUNKLE, CRAIG JR.
275 TONEY PENNA DR.
~~BARNETT CENTRE~~ REMOVE PLEASE
JUPITER FL 33458**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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]* DATE **4/5/95**
Signature typed or printed name of registered agent and then applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHWARTZ, STEPHEN
STREET ADDRESS	41 CAYMAN PLACE
CITY - ST - ZIP	PALM BCH GDNS FL
TITLE	VBP
NAME	SABETELLO, MICHAEL J
STREET ADDRESS	5005 PGA BLVD #21T
CITY - ST - ZIP	PALM BCH GDNS FL
TITLE	DP
NAME	SABETELLO, CARL M
STREET ADDRESS	5005 PGA BLVD #21T
CITY - ST - ZIP	PALM BCH GDNS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	PAT FOX	
13 STREET ADDRESS	28 CAYMAN PLACE	
14 CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BILL KRACKE	
23 STREET ADDRESS	73 CAYMAN PLACE	
24 CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	SIRO DEGASPERIS	
33 STREET ADDRESS	16 MARTINIQUE COVE	
34 CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
41 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	PAUL RUTHFIELD	
43 STREET ADDRESS	62 CAYMAN PLACE	
44 CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	GENE WEISS	
53 STREET ADDRESS	32 CAYMAN PLACE	
54 CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
61 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	DR. MILTON STERN	
63 STREET ADDRESS	24 CAYMAN PLACE	
64 CITY - ST - ZIP	Palm Beach Gardens, FL 33418	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this form and on any 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 a partner or person empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or corrected with an address.

SIGNATURE: *[Signature]* **STEPHEN SCHWARTZ** DATE: **04/04/95** TELEPHONE: **575-7792**
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR (Date) (Telephone #)