

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



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

3. Date Incorporated or Qualified: **03/17/1988**  
3a. Date of Last Report: **04/13/1995**  
4. FEI Number: **65-0076976**  
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

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

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

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **275 TONEY PENNA DRIVE, # 10**  
83  
84 City: **JUPITER** FL 85 Zip Code: **33458**

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent signature required when not starting.) (All)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, STEPHEN</b>	
STREET ADDRESS	<b>41 CAYMAN PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>KRACKE, BILL</b>	
STREET ADDRESS	<b>73 CAYMAN PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIRO, DEGASPERIS</b>	
STREET ADDRESS	<b>16 MARTINIQUE COVE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RUTHFIELD, PAUL</b>	
STREET ADDRESS	<b>62 CAYMAN PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISS, GENE</b>	
STREET ADDRESS	<b>32 CAYMAN PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>STERN, MILTON</del>	
STREET ADDRESS	<del>24 CAYMAN PLACE</del>	
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

11 TITLE	<b>VP + T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>PAT FOX</b>	
33 STREET ADDRESS	<b>CAYMAN PLACE</b>	
34 CITY-ST-ZIP		
41 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>PHILLIP WYDON</b>	
63 STREET ADDRESS	<b>CAYMAN PLACE</b>	
64 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)(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: **407 822-4900**  
Signature and typed or printed name of signing officer or director. Date: \_\_\_\_\_

CR2E037 (12/95)