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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 107 JUPITER FL 33458 US
Mailing Address: 275 TONEY PENNA DR. STE 107 JUPITER FL 33458-5792 US

3. Date Incorporated or Qualified: 03/17/1988
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business (21): SUITE 7
2a. Mailing Address (26): SUITE 7
22. Suite, Apt. #, etc.: SUITE 7
27. Suite, Apt. #, etc.: SUITE 7
23. City & State
24. Zip (25): Country (29): Country (30)

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

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

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): SUITE 7
83.
84. City: FL 85. Zip Code

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 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	VP	1.1 TITLE	S
NAME	SCHWARTZ, STEPHEN	1.2 NAME	PAT FOX
STREET ADDRESS	41 CAYMAN PLACE	1.3 STREET ADDRESS	28 CAYMAN PL.
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	P.O. GARDENS, FL
TITLE	D	2.1 TITLE	D
NAME	KRACKE, BILL	2.2 NAME	FRANK FANELLA
STREET ADDRESS	73 CAYMAN PLACE	2.3 STREET ADDRESS	60 CAYMAN PL.
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	PALM B. GARDENS, FL
TITLE	VP	3.1 TITLE	P
NAME	SIRO, DEGASPERIS	3.2 NAME	
STREET ADDRESS	16 MARTINIQUE COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	D
NAME	RUTHFIELD, PAUL	4.2 NAME	
STREET ADDRESS	62 CAYMAN PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	WEISS, GENE	5.2 NAME	
STREET ADDRESS	32 CAYMAN PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	LYDOON, PHILLIP	6.2 NAME	
STREET ADDRESS	CAYMAN PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	

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: [Handwritten Signature]

CR2E037 (9/96)