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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40454 (3)
1. Corporation Name
ISLA DEL SOL YACHT & COUNTRY CLUB, INC.



Principal Place of Business 6025 SUN BOULEVARD SUITE 101 ST PETERSBURG FL 33715	Mailing Address 6025 SUN BOULEVARD SUITE 101 ST PETERSBURG FL 33715-1101
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3. Date Incorporated or Qualified 10/18/1990	3a. Date of Last Report 03/18/1996
4. FEI Number 59-2954671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**MURRAY JR., EARL W.
5505 PUERTA DEL SOL #422
ST. PETERSBURG FL 33715**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WATERHOUSE, ANN B.	
STREET ADDRESS	5700 ESCONDIDA BOULEVARD, #504	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHMITZ, ROBERT W.	
STREET ADDRESS	6294 BAHIA DEL MAR CIRCLE #902N	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SQUIRES, MARK B.	
STREET ADDRESS	5825 PUERTA DEL SOL BLVD #466	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRUYETTE, LEO T	
STREET ADDRESS	5155 ISLA KEY BOULEVARD, #202	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAINING, JOHN	
STREET ADDRESS	6140 SUN BLVD	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EARL W. MURRAY	
1.3 STREET ADDRESS	4953 BACOPA LANE #605	
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33715	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KENNETH A. LEININGER	
2.3 STREET ADDRESS	6211 SUN BOULEVARD #602-E	
2.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33715	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN SKELTON	
3.3 STREET ADDRESS	TH#14 6118 MIRADA CR	
3.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN THOMPSON	
4.3 STREET ADDRESS	#115 5541 LA PUERTA DEL SOL	
4.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN HAINING	
5.3 STREET ADDRESS	6140 SUN BLVD.	
5.4 CITY - ST - ZIP	ST. PETERSBURG FL 33715	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Bill Mortham* **HECOMD** Date: **4/10/97**

CR2E037 (9/96)