

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N40454 (3)**

1. Corporation Name

**ISLA DEL SOL YACHT & COUNTRY CLUB, INC.**

Principal Place of Business

Mailing Address

**6025 SUN BOULEVARD  
SUITE 101  
ST PETERSBURG FL 33715****6025 SUN BOULEVARD  
SUITE 101  
ST PETERSBURG FL 33715-1101**3. Date Incorporated or Qualified  
**10/18/1990**3a. Date of Last Report  
**03/18/1996**

2. Principal Place of Business

2a. Mailing Address

**21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23****28**

Zip

Country

Zip

Country

**24****25****29****30**4. FEI Number  
**59-2954671**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRAY JR., EARL W.  
5505 PUERTA DEL SOL #422  
ST. PETERSBURG FL 33715**

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 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 **SD** ☒ DELETE  
NAME **WATERHOUSE, ANN B.**  
STREET ADDRESS **5700 ESCONDIDA BOULEVARD, #504**  
CITY - ST - ZIP **ST PETERSBURG FL**1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **EARL W. MURRAY**  
1.3 STREET ADDRESS **4953 BACOPA LANE #605**  
1.4 CITY - ST - ZIP **ST. PETERSBURG, FL 33715** ☐ Change ☒ AdditionTITLE **VD** ☒ DELETE  
NAME **SCHMITZ, ROBERT W.**  
STREET ADDRESS **6294 BAHIA DEL MAR CIRCLE #902N**  
CITY - ST - ZIP **ST. PETERSBURG FL**2.1 TITLE **VD** ☐ Change ☒ 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** ☐ Change ☒ AdditionTITLE **VD** ☒ DELETE  
NAME **SQUIRES, MARK B.**  
STREET ADDRESS **5825 PUERTA DEL SOL BLVD #466**  
CITY - ST - ZIP **ST. PETERSBURG FL**3.1 TITLE **TD** ☐ Change ☒ Addition  
3.2 NAME **JOHN SKELTON**  
3.3 STREET ADDRESS **TH#14 6118 MIRADA CR**  
3.4 CITY - ST - ZIP **ST. PETERSBURG, FL 33715** ☐ Change ☒ AdditionTITLE **PD** ☒ DELETE  
NAME **BRUYETTE, LEO T**  
STREET ADDRESS **5155 ISLA KEY BOULEVARD, #202**  
CITY - ST - ZIP **ST. PETERSBURG FL**4.1 TITLE **SD** ☐ Change ☒ 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** ☒ Change ☐ AdditionTITLE **TD** ☐ DELETE  
NAME **HAINING, JOHN**  
STREET ADDRESS **6140 SUN BLVD**  
CITY - ST - ZIP **ST PETERSBURG FL**5.1 TITLE **VD** ☐ Change ☐ Addition  
5.2 NAME **JOHN HAINING**  
5.3 STREET ADDRESS **6140 SUN BLVD.**  
5.4 CITY - ST - ZIP **ST. PETERSBURG FL 33715** ☐ Change ☐ AdditionTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE  
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 HART**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061121

CR2E037 (9/96)