

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N51103 (2)
 1. Corporation Name
ISLAND VILLAS HOMEOWNERS ASSOCIATION, INC.



| | |
|--|---|
| Principal Place of Business 1790 NORTH A1A, SUITE 101 SATELLITE BEACH FL 32937 | Mailing Address 1790 NORTH A1A, SUITE 101 STE. 209 SATELLITE BEACH FL 32903-2606 US |
|--|---|

| | |
|---|--|
| 3. Date incorporated or Qualified 10/02/1992 | 3a. Date of Last Report 02/06/1996 |
| 4. FEI Number 59-3149693 | 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 1790 A1A Suite 104 Suite, Apt. #, etc. | 2a. Mailing Address 26 1790 A1A Suite 104 Suite, Apt. #, etc. |
| 22 City & State 23 | 27 City & State 28 |
| 24 Zip 25 Country | 29 Zip 30 Country |

9. Name and Address of Current Registered Agent
**MCWILLIAMS, DAVID T.
 1790 NORTH A1A
 STE. 209
 SATELLITE BEACH FL 32937**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1790 A1A Suite 104
 83
 84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 | PD | <input type="checkbox"/> DELETE |
| NAME | MCWILLIAMS, DAVID T. | |
| STREET ADDRESS | 1790 A1A STE. 209 | |
| CITY-ST-ZIP | SATELLITE BCH FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | MCWILLIAMS, JOAN | |
| STREET ADDRESS | 701 TRADEWINDS DR. | |
| CITY-ST-ZIP | INDIAN HARB.BCH. FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MCWILLIAMS, TIMOTHY F. | |
| STREET ADDRESS | 492 E.EAU GALLIE BLVD. | |
| CITY-ST-ZIP | INDIAN HARB.BCH. FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 1790 A1A Suite 104 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | RAMSAY, LARRY | |
| 2.3 STREET ADDRESS | 509 ISLAND COURT | |
| 2.4 CITY-ST-ZIP | INDIAN HARBOUR BEACH, FL 32937 | |
| 3.1 TITLE | SVB | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | GREG KIRSCHNER | |
| 3.3 STREET ADDRESS | 508 ISLAND COURT | |
| 3.4 CITY-ST-ZIP | INDIAN HARBOUR BEACH, FL 32937 | |
| 4.1 TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | WINSTON BARR | |
| 4.3 STREET ADDRESS | 503 ISLAND COURT | |
| 4.4 CITY-ST-ZIP | INDIAN HARBOUR BEACH, FL 32937 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4-2-97

CR2E037 (9/96)