


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90060 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51103

1. Corporation Name
ISLAND VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1790 A1A, SUITE 104 SATELLITE BEACH FL 32937 US	Mailing Address 1790 A1A, SUITE 104 STE. 209 SATELLITE BEACH FL 32937 US
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2. Principal Place of Business 21 P.O. Box 373057 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 373057 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/02/1992
22	27	4. FEI Number 59-3149693 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23 SATELLITE BEACH FL City & State	28 SATELLITE BEACH FL City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 32937 25 USA Zip Country	29 32937 30 USA Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MCWILLIAMS, DAVID T. 1790 A1A SUITE 104 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) 517-B N HARBOR CITY BLVD 83 84 City MELBOURNE FL 85 Zip Code 32935
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCWILLIAMS, DAVID T.		1.2 NAME	
STREET ADDRESS 1790 A1A SUITE 104		1.3 STREET ADDRESS 517-B N. HARBOR CITY BLVD	
CITY-ST-ZIP SATELLITE BCH FL		1.4 CITY-ST-ZIP MELBOURNE FL 32935	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMSAY, LARRY		2.2 NAME	
STREET ADDRESS 509 ISLAND COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN HARBOUR BEACH FL		2.4 CITY-ST-ZIP	
TITLE SVD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRSCHNER, GREG		3.2 NAME	
STREET ADDRESS 508 ISLAND COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN HARBOUR BEACH FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARR, WINSTON		4.2 NAME	
STREET ADDRESS 503 ISLAND COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN HARBOUR BEACH FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Larry Ramsay* Date: 2/2/99 Daytime Phone #: 407-773-2473