FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03129

1. Corporation Name
OLD ISLAND INN CONDOMINIUM ASSN., INC

Principal Place of Business	Mailing Address
6025 SUN BLVD. ST. PETERSBURG, FL 33715	6025 SUNBLVD. ST. PETERSBURG-FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5-16-84
3a. Date of Last Report: 1994
4. FEI Number: 59-2557505 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 4175 EAST BAY DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 205
City & State 23	City & State 28 CLEARWATER, FL
Zip 24 / Country 25	Zip 29 34624 / Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	CMC, INC., HAL HILDEBRANDT
82 Street Address (P.O. Box Number is Not Acceptable)	4175 EAST BAY DRIVE SUITE 205
83	
84 City / 85	CLEARWATER FL / Zip Code 34624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Hal Hildebrandt
(Signature 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	P/P	11 TITLE	☐ Change ☐ Addition
NAME	JAY COLDING	12 NAME	
STREET ADDRESS	1125 PINELLAS BAYWAY # 304	13 STREET ADDRESS	
CITY · ST · ZIP	TIERRA VERDE, FL 33715	14 CITY · ST · ZIP	
TITLE	D/V	21 TITLE	300001 ☐ Change ☐ Addition
NAME	RAY WILLIAMSON	22 NAME	-05/04/95--01009--004
STREET ADDRESS	1125 PINELLAS BAYWAY # 301	23 STREET ADDRESS	****130.00 ****130.00
CITY · ST · ZIP	TIERRA VERDE, FL 33715	24 CITY · ST · ZIP	
TITLE	P/S.T.	31 TITLE	☐ Change ☐ Addition
NAME	JUDY O'LAUGHLIN	32 NAME	
STREET ADDRESS	1125 PINELLAS BAYWAY # 200A	33 STREET ADDRESS	
CITY · ST · ZIP	TIERRA VERDE, FL 33715	34 CITY · ST · ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY · ST · ZIP		44 CITY · ST · ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY · ST · ZIP		54 CITY · ST · ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY · ST · ZIP		64 CITY · ST · ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Judy O'Laughlin 9/27/95 863-9329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number