FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N95000003905 (5)

ISLAND CLUB AT CORKSCREW WOODLANDS HOMEOWNERS' A

SSOCIATION, INC.						
Principal Place of Business		Mailing Address		E TOURNION BIO 1970 I BION AND SOUL DO	il 00111 98111 90188 HAND 19111 99101 9111 1901	
3040 DEL PRADO BLVD. CAPE CORAL FL 33904		3040 DEL PRADO BLVD. CAPE CORAL FL 33904				
					 Date Incorporated or Qualified 08/15/1995 	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26	Suite. Apt. #. etc.			Not Applicable
Suite, Apt.	#, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Zip	Coun	try	8. This corporation has liability for	
24	25		30		Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	legistered Agent
				31 Name		
Davies, Christopher N ESQ.			- 1	32 Street A	ddress (P.O. Box Number is Not Acceptate	ole)
KNUDSEN, DEBOEST & ROBERTS, P.A.					,	,
1415 HE	NDRY STREET		1	33		
FORT M	YERS FL 33901		1	34 City		85 Zip Code
						
or register	to the provisions of Sections 617.050; ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authorized	the above by the co	e-named corporation's b	poration submits this statement for the puloard of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE						
	Signature, typed or printed name of registered agen			gent signature reg	Lired when reinstating)	DATE
12.	······	ID DIRECTORS	13.		ADDITIONS CHANGES TO OFF	ICERS AND DIRECTORS IN 12
THLE	PD	DELETE	1 t THIL	E		Change Addition
NAME	DAVIS, RONALD L		1.2 NAN	1É		
STREET ADDRESS	3040 DEL PRADO BLVD.			EET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904	The ere		-ST-ZIP		
TITLE	VO	DELETE	2 1 TIFL			Change Addition
NAME	D'ANDREA, ROBERT		2 2 NAN	1E		
STREET ADDRESS	3040 DEL PRADO BLVD.		2 3 STR	EET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904			Y-ST-ZIP		
TITLE	STD	DELETE	3 1 TiTL	i i		Change Addition
NAME DODGGG	MACKEY, LAURITZ W		3 2 NAN			
STREET ADDRESS	3040 DEL PRADO BLVD.		1	EET ADDRESS		i
CITY-ST-ZIP TITLE	CAPE CORAL FL 33904	DELETE		Y-ST-ZIP		Change D Addition
NAME			4 1 THTL 4 2 NAJ			Change Addition
STREET ADDRESS						
CITY-ST-ZIP				EET ADDRESS		
TITLE			4.4 CITT	r-ST-ZIP		Change Addition
NAME			5 2 NAM			
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP			1	-S1-2IP		
TITLE			6 1 TIFL			Addition
NAME	<u> </u>		6 2 NAM		90000186 -06/20/96010	2 5 (43 ° 2
STREET ADDRESS				EET ADDRESS	-Ub/ <i>Z</i> U/36Uil	ري الايت
CITY-ST-ZIP				'-ST-ZIP	***61.25	(-10)-
	v certify that the information supplied	with this filing is voluntarily furnish			v for the exemption stated in Section 119	07(3)(k) Florida Statistes I (urbe)

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 larine appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Ronald L. Davis, President 4/29/96 Date

941-945-0866