

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO3129

1. Corporation Name

Old Island Inn Condominium Association, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1700 - 66th St., N.		26 PO Box 47068		05/16/84	05-01-95
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number	Applied For Not Applicable
22 Suite 207		27		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 St. Petersburg, FL		28 St. Petersburg, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country			
24 33710		25 Pinellas		29 33743-7068 30 Pinellas	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Unknown		81 Name	Debra R. Lisheid	
		82 Street Address (P.O. Box Number is Not Acceptable)	1700 - 66th St., N.	
		83	Suite 207	
		84 City	FL	85 Zip Code
				33710

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  Debra R. Lisheid 06-19-96
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Unknown <input checked="" type="checkbox"/> DELETE	11 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Mr. Jay Colding
STREET ADDRESS		13 STREET ADDRESS	1125 Pinellas Bayway, #304
CITY - ST - ZIP		14 CITY - ST - ZIP	Tierra Verde, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	Unknown <input checked="" type="checkbox"/> DELETE	21 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Ms. Judy O'Laughlin
STREET ADDRESS		23 STREET ADDRESS	1125 Pinellas Bayway, #200A
CITY - ST - ZIP		24 CITY - ST - ZIP	Tierra Verde, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	Unknown <input checked="" type="checkbox"/> DELETE	31 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Mr. Ray Williamson
STREET ADDRESS		33 STREET ADDRESS	1125 Pinellas Bayway, #301
CITY - ST - ZIP		34 CITY - ST - ZIP	Tierra Verde, FL 33715 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 06-19-96 813-867-9309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer

06-19-96 813-867-9309

CR2E037 (12/95)