


FILE NOW: FILING FEE IS \$61.25

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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 718120 (9)**  
1. Corporation Name  
**NETTLES ISLAND, INC.**



Principal Place of Business <b>9801 SOUTH OCEAN DR. JENSEN BCH FL 34957</b>	Mailing Address <b>9801 SOUTH OCEAN DR. JENSEN BCH FL 34957-2364</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/31/1970</b>	3a. Date of Last Report <b>02/02/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1407317</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>TENNYSON, ROD</b> <b>1801 AUSTRALIAN AVE. SO., SUITE 101</b> <b>W. PALM BEACH FL 33409</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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	PD <b>BROSSART, JAMES C</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9801 S OCEAN DRIVE, #1370-2</b>	1.2 NAME	<b>Leslie Martin</b>
STREET ADDRESS	<b>JENSEN BEACH FL</b>	1.3 STREET ADDRESS	<b>PO Box 1628</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Jensen Beach, FL 34957</b>
TITLE	VD <b>MARTIN, LESLIE</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P O BOX 1628 N/A</b>	2.2 NAME	<b>Robert E. Isaacs</b>
STREET ADDRESS	<b>JENSEN BEACH FL</b>	2.3 STREET ADDRESS	<b>9801 South Ocean Drive #1210-2</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Jensen Beach, FL 34957</b>
TITLE	SD <b>COOK, RICHARD G M.D.</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9801 S OCEAN DRIVE, #1116-2</b>	3.2 NAME	<b>Esther E. Peabody</b>
STREET ADDRESS	<b>JENSEN BEACH FL</b>	3.3 STREET ADDRESS	<b>9801 S. Ocean Drive #270-2</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	TD <b>HIGH, COFOID R.</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9801 S. OCEAN DR.</b>	4.2 NAME	<b>William Deiters #750-2</b>
STREET ADDRESS	<b>JENSEN BEACH FL 34957</b>	4.3 STREET ADDRESS	<b>9801 South Ocean Drive</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	4.4 CITY-ST-ZIP	<b>Jensen Beach, FL 34957</b>
TITLE	D <b>BROWN, ZELLA</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>Assistant Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>9801 S OCEAN DRIVE, #987-2</b>	5.2 NAME	<b>Robert M. True #756-2</b>
STREET ADDRESS	<b>JENSEN BEACH FL</b>	5.3 STREET ADDRESS	<b>9801 South Ocean Drive</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	5.4 CITY-ST-ZIP	<b>Jensen Beach, FL 34957</b>
TITLE	D <b>CONNOLLY, JOSEPH</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9801 S OCEAN DRIVE, #66-2</b>	6.2 NAME	<b>Cofoid R. High #656-2</b>
STREET ADDRESS	<b>JENSEN BEACH FL</b>	6.3 STREET ADDRESS	<b>9801 South Ocean Drive</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	6.4 CITY-ST-ZIP	<b>Jensen Beach, FL 34957</b>

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 if changed, or on an attachment with an address.

SIGNATURE:  3/14/97 561/229-2930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071260

CR2E037 (9/96)