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FILED

May 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771082 (5)

1. Corporation Name

SYMPHONY ISLES MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

807 SYMPHONY ISLES BLVD
APOLLO BEACH FL 33572
US807 SYMPHONY ISLES BLVD.
APOLLO BEACH FL 33572-2743
US3. Date Incorporated or Qualified
11/03/19833a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDS, WILLIAM
910 SYMPHONY BEACH LA
APOLLO BCH FL 33572

81 Name

Prall, Kenneth

82 Street Address (P.O. Box Number is Not Acceptable)

1001 Piano Lane

83

84 City

Apollo Beach

FL

85 Zip Code

33572

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

Signature, typed or printed name 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	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, WILLIAM	
STREET ADDRESS	910 SYMPHONY BEACH LANE	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRALL, KENNETH	
STREET ADDRESS	1001 PIANO LANE	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, WILLIAM	
STREET ADDRESS	1011 SONATA LANE	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLETCHALL, BEVERLY	
STREET ADDRESS	926 SYMPHONY ISLES BLVD	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FUNDERBURK, RAYMOND	
STREET ADDRESS	916 ALLEGRO LANE	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rosato, Al	
1.3 STREET ADDRESS	957 Symphony Isles Blvd	
1.4 CITY-ST-ZIP	Apollo Beach, FL 33572	
2.1 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Prall, Kenneth	
2.3 STREET ADDRESS	1001 Piano Lane	
2.4 CITY-ST-ZIP	Apollo Beach, FL 33572	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bursa, Brian	
3.3 STREET ADDRESS	911 Symphony Isles Blvd	
3.4 CITY-ST-ZIP	Apollo Beach, FL 33572	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Queen, Gerald	
4.3 STREET ADDRESS	1421 Sedgwick Dr. S.	
4.4 CITY-ST-ZIP	South Pasadena, FL 33707	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bruggeman, Wes	
5.3 STREET ADDRESS	920 Allegro Lane	
5.4 CITY-ST-ZIP	Apollo Beach, FL 33572	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046383

CP2E037 (9/96)