
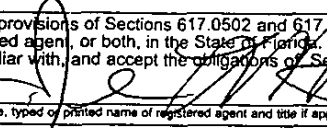


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Apr 08, 1999 8:00 am
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04-08-1999 90037 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 718120					
1. Corporation Name NETTLES ISLAND, INC.					
Principal Place of Business 9801 SOUTH OCEAN DR. JENSEN BCH FL 34957			Mailing Address 9801 SOUTH OCEAN DR. JENSEN BCH FL 34957		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/31/1970 4. FEI Number 59-1407317 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent TENNYSON, ROD 1801 AUSTRALIAN AVE. SO., SUITE 101 W. PALM BEACH FL 33409			10. Name and Address of New Registered Agent 81 Name Cornett, Jane L. 82 Street Address (P.O. Box Number is Not Acceptable) 401 E. Osceola Street, River Oak Center 83 84 City Stuart FL 85 Zip Code 34994		
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 617.0502, Florida Statutes.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 2-25-99					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE VPX Director <input type="checkbox"/> DELETE NAME ISAACS, ROBERT E STREET ADDRESS 9801 S OCEAN DR #1210-2 CITY-ST-ZIP JENSEN BEACH FL			1.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME True, Robert M. 1.3 STREET ADDRESS 756 Nettles Blvd. 1.4 CITY-ST-ZIP Jensen Beach, FL 34957		
TITLE P <input checked="" type="checkbox"/> DELETE NAME MARTIN, LESLIE STREET ADDRESS P O BOX 1628 N/A CITY-ST-ZIP JENSEN BEACH FL			2.1 TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Esther Peabody 2.3 STREET ADDRESS 270 Nettles Blvd. 2.4 CITY-ST-ZIP Jensen Beach, FL 34957		
TITLE SD <input checked="" type="checkbox"/> DELETE NAME COOK, RICHARD G M.D. STREET ADDRESS 9801 S OCEAN DRIVE, #1116-2 CITY-ST-ZIP JENSEN BEACH FL			3.1 TITLE Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Henry G. Matz 3.3 STREET ADDRESS 228 Nettles Blvd. 3.4 CITY-ST-ZIP Jensen Beach, FL 34957		
TITLE T <input type="checkbox"/> DELETE NAME DEITERS, WILLIAM STREET ADDRESS 9801 S OCEAN DR #750-2 CITY-ST-ZIP JENSEN BEACH FL			4.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Deiters, William 4.3 STREET ADDRESS 750 Nettles Blvd. 4.4 CITY-ST-ZIP Jensen Beach, FL 34957		
TITLE D <input type="checkbox"/> DELETE NAME BROWN, ZELLA STREET ADDRESS 9801 S OCEAN DRIVE, #987-2 CITY-ST-ZIP JENSEN BEACH FL			5.1 TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Brown, Zella 5.3 STREET ADDRESS 987 Nettles Blvd. 5.4 CITY-ST-ZIP Jensen Beach, FL 34957		
TITLE D <input checked="" type="checkbox"/> DELETE NAME HIGH, COFOID R STREET ADDRESS 9801 S OCEAN DR #656-2 CITY-ST-ZIP JENSEN BEACH FL			6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Kenneth Selby 6.3 STREET ADDRESS 641 Nettles Blvd. 6.4 CITY-ST-ZIP Jensen Beach, FL 34957		

14. I 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, with all other like empowered.

SIGNATURE:  **William B. Deiters** 2/24/99 561-229-2920
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #