

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

DOCUMENT #

712981

1. Corporation Name

Culbreath Isles Property Owners Association, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
1967

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4131 Gunn Hwy

26 4131 Gunn Hwy

4. FEI Number

Applied For

59-1382856

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State
Tampa, FL

28 City & State
Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip
33624

25 Country
USA

29 Zip
33624

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Culbreath Isles Property Owners Association, INC.~~
4131 Gunn Hwy
Tampa, FL 33624
Susan Kelley

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

~~Culbreath Isles Property Owners Association, INC.~~
Signature, typed or printed name of registered agent and title if applicable.

Susan Kelley

5/13/96

NOTE: Registered Agent signature required when reinstalling.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME Joseph Reineman
STREET ADDRESS 4927 New Providence Road
CITY-ST-ZIP Tampa, FL 33629

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VP
NAME Clarence Prevatt
STREET ADDRESS 4804 Culbreath Isles Road
CITY-ST-ZIP Tampa, FL 33629

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE VP
NAME Heather Connelly
STREET ADDRESS 4806 Culbreath Isles Road
CITY-ST-ZIP Tampa, FL 33629

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE S
NAME Joanne Cusack
STREET ADDRESS 4910 St. Croix Drive
CITY-ST-ZIP Tampa, FL 33629

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE T
NAME Terry Aidman
STREET ADDRESS 4925 St. Croix Drive
CITY-ST-ZIP Tampa, FL 33629

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME Ted Taub
STREET ADDRESS 4937 Lyford Cay Road
CITY-ST-ZIP Tampa, FL 33629

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

D
Larry Comegys
4904 St. Croix Drive
Tampa, FL 33629

6-4-96
JR

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)