

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712981** (0)
1. Corporation Name
CULBREATH ISLES PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business 4131 GUNN HWY. TAMPA FL 33624	Mailing Address 4131 GUNN HWY. TAMPA FL 33624-4725
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1967	3a. Date of Last Report 06/04/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1382856		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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	
KELLEY, SUSAN 4131 GUNN HWY. TAMPA FL 33624				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 _____ 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	P D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMEGYS, LARRY	1.2 NAME	
STREET ADDRESS	4904 ST. CROIX DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINEMAN, JOE	2.2 NAME	
STREET ADDRESS	4927 NEW PROVIDENCE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAUB, TED	3.2 NAME	T
STREET ADDRESS	4937 LYFORD CAY RD.	3.3 STREET ADDRESS	BUCK JONES
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	4921 New Providence
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN MAGERS	4.2 NAME	
STREET ADDRESS	4804 Culbreath Isles Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEATHER CONNELLY	5.2 NAME	
STREET ADDRESS	4806 Culbreath Isles Rd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM HANNA	6.2 NAME	
STREET ADDRESS	1210 Culbreath ISLES Dr.	6.3 STREET ADDRESS	Bank Dep \$61.25
CITY-ST-ZIP	TAMPA FL 33629	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 _____

CR2E037 (9/96)