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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/23/1967	4. FEI Number 59-1382856	Applied For <input type="checkbox"/> 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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent KELLEY, SUSAN 4131 GUNN HWY. TAMPA FL 33624	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD COMEYGS, LARRY 4904 ST. CROIX DR. TAMPA FL 33629	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Comeygs, Larry 4904 St. Croix Dr Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REINEMAN, JOE 4927 NEW PROVIDENCE TAMPA FL 33629	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD Buck Jones 4921 New Providence Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAUB, TED 4937 LYFORD CAY RD. TAMPA FL 33629	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD Taub, Ted 4937 Lyford Cay Rd Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGERS, VAN 4804 CULBREATH ISLES WAY TAMPA FL 33629	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Ben Nelson 4923 St. Croix Dr Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNELLY, HEATHER 4806 CULBREATH ISLES RD. TAMPA FL 33629	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANNA, KIM 1210 CULBREATH ISLES DR TAMPA FL 33629	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 officer 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: _____
11/15/98 961-2203

CR2E037 (10/97)