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Secretary of State

03-24-1999 90076 020 ***122.50

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

* 3 3 4 1 1 3 *
334113 - 90005 - 47

DOCUMENT # 712981

1. Corporation Name

CULBREATH ISLES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
4131 GUNN HWY. TAMPA FL 33624	4131 GUNN HWY. TAMPA FL 33624

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 06/23/1967

4. FEI Number: 59-1382856 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: TRISH GALLAGHER, LCAM
82 Street Address (P.O. Box Number is Not Acceptable): 4131 GUNN HIGHWAY
83
84 City: TAMPA **FL** 85 Zip Code: 33624

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: Trisha Gallagher, LCAM DATE: 4/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ 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	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	JONES, BUCK		2.2 NAME	STUART LASHER	
STREET ADDRESS	4921 NEW PROVIDENCE		2.3 STREET ADDRESS	4931 NEW PROVIDENCE	
CITY-ST-ZIP	TAMPA FL 33629		2.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TAUB, TED		3.2 NAME		
STREET ADDRESS	4937 LYFORD CAY RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAGERS, VAN		4.2 NAME		
STREET ADDRESS	4923 ST CROIX DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	CONNELLY, HEATHER		5.2 NAME	JOSEPH REINEMAN	
STREET ADDRESS	4806 CULBREATH ISLES RD.		5.3 STREET ADDRESS	4927 NEW PROVIDENCE.	
CITY-ST-ZIP	TAMPA FL 33629		5.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	S	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HANNA, KIM		6.2 NAME	BEN NELSON	
STREET ADDRESS	1210 CULBREATH ISLES DR		6.3 STREET ADDRESS	4923 ST CROIX DRIVE	
CITY-ST-ZIP	TAMPA FL 33629		6.4 CITY-ST-ZIP	TAMPA, FL 33629	

- CR2E037 (1/1/98)

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: SIGNATURE REQUIRED Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #