FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:30

DOCUMENT # 719193 **(5)**

1. Corporation Name

INNISBROOK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
US HIGHWAY 19 SOUTH P. O. BOX 397 TARPON SPRINGS 34688-0397	US HIGHWAY 19 SOUTH P. O. BOX 397 TARPON SPRINGS 34688-0397

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1970**
3a. Date of Last Report: **02/02/1994**
4. FEI Number: **59-1744626** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

VAN BRUNT, JOHN
LODGE 4 APT 2037
P O BOX 1088
TARPON SPRINGS FL 34688

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	TD	11 TITLE	☐ Change ☐ Addition
NAME	KANNEN, R.T.	12 NAME	
STREET ADDRESS	2137 GLENBROOK CLOSE	13 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KERN, BOB	22 NAME	
STREET ADDRESS	3834 TARPON POINTE CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	VAN BRUNT, JOHN	32 NAME	
STREET ADDRESS	INNISBROOK L-4, #2037	33 STREET ADDRESS	
CITY-ST-ZIP	TARPONS SPRINGS FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	SD ☐ Change ☐ Addition
NAME	O'GRADY, JOE	42 NAME	Dave Mader
STREET ADDRESS	INNSBROOK L-12 #2487	43 STREET ADDRESS	404 MARINER DR
CITY-ST-ZIP	TARPON SPRINGS FL	44 CITY-ST-ZIP	Tarpon Springs FL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: R.T. KANNEN R.T. KANNEN TD 1-27-95 958-6105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000693