FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

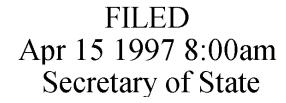
DOCUMENT #

(5)

INNISBROOK CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address





US HIGHWAY 19 SOUTH		US HIGHWAY 19 SOUTH		1			
P. O. BOX 397 TARPON SPRINGS 34688-0397		P. O. BOX 397 TARPON SPRINGS 34688-0397					
TART OR OTHER		THE STATE OF THE STATE S	••	3. Date Incorporated or Qualified 08/26/1970	3a. Date of Last Report 03/25/1996		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 36750	US Hwy 19 North	26 36750 US Hwy	19 North	59-1744626	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
22 P. O.		27 P. O. Box 397	7	o. Company of Clara Dosing	Fee Required		
City & State City & State				6. Election Campaign Financing	\$5.00 May Be		
23 Tarpon Springs, FL 28 Tarpon Spring				Trust Fund Contribution	☐ Added to Fees		
			Country	8. This corporation has liability for i			
24 34688-1			o USA		Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
	Bergen, Leonard H						
KERN, ROBERT G				pet Address (P.O. Box Number is Not Acceptable) misbrook, Lodge 26, Apt. 3438			
PALM HARBOR FL 34684				. во з 1088			
			B4 City		85 Zip Code		
	84 City Tarpon Springs FL 85 34688						
office or re	to the provisions of operions 61 7.0502 egistered agent, of both, in the State o	and 617.1508, Fiorida Statutes of Florida, Such change was aut	, the above-named thorized by the corp	corporation submits this statement for the p poration's board of directors. I hereby accep	or the appointment as registered		
agent. Lay	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, of bottl. 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 acceptable obligations of Section 617.0503, Florida Statutes.						
SIGNATURE		Leonard H.	Bergen,	President	4/7/97		
$-\sqrt{2}$	Signature typed or printed halve a registered gent OFFICERS AND		Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
12.	TD OFFICERS AND	DELETE	13. 1.1 TITLE		Change Addition		
1		TAL DECEM	1.2 NAME	PD Bergen, Leonard H	Ki cimile 🖂 vecilion		
NAME	BERGEN, LEONARD H	. 0400		Innisbrook, Lodge 26, A	pt. 3438		
STREET ADDRESS	INNISBROOK, LODGE 26, APT	. 3430	1.3 STRILLT ADDRESS	Tarpon Springs FL 3468			
CITY-ST-ZIP	TARPON SPRINGS FL 34688	K. DELETE	1.4 CITY+ST-ZIP 2.1 TITLE	- or bearings and or so	Change Addition		
TITLE	PD POPERT C	M. DECENE			C CIRINGE C Addition		
NAME	KERN, ROBERT G	Z	2.2 NAME	;			
STREET ADDRESS	3834 TARPON POINTE CIRCLI PALM HARBOR FL 34684		2.3 STREET ADDRESS	· 	}		
CITY-ST-ZIP	VD	DELETE	2. 4 CHY-ST-ZIP 3.1 TITLE		Change Addition		
TITLE		L. DULLIE			Cusude - Voquan		
NAME (MAG, GENE		3,2 NAME				
STREET ADDRESS	304 OLD MILL POND RD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34883	K DELETE	3.4. CITY-ST-ZiP	80000214	Change Addition		
TITLE	SD DAVE	431 berete	4 1 TITLE	-04/17/970110	11010		
NAME	MADER, DAVE		4. 2 NAME	***81.25	" 010 / // /		
STREET ADDRESS	406 MARINER DR		4.3 STREET ADDRESS	**************************************	(A) (C)		
CITY-ST-ZIP	TARPON SPRINGS FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	ĈD.	Change Addition		
TITLE			S.I TITES	SD Bud dans the	Fin cliende Tri vongoni		
NAME			5.2 NAME	Erickson, Warren 2174 Oak Forest Lane	İ		
STREET ADDRESS					}		
CITY-ST-ZIP		DELETE		Palm Harbor FL 34683	Change Addition		
TITLE		€ nereit	•	TD	Change X Addition		
NAME				Morris, Gilbert	. 2/2/		
STREET ADDRESS			6.3 STREET ADDRESS	Innisbrook, Lodge 26, A Tarpon Springs FL 346	pg. 3434		
CITY-ST-ZIP	and the their design and lead		6.4 CITY - ST - ZIP	tarpon Springs rL 340	00		

I do hereby certify that the information supplied with this filing goes 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 chang