FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90078 025 ****61.25

DOCUMENT # 719193

1. Corporation Name

INNISBROOK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
36750 US HWY 19 NORTH P. O. BOX 397 TARPON SPRINGS FL 34688-0397	36750 US HWY 19 NORTH P. O. BOX 397 TARPON SPRINGS FL 34688-0397

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 08/26/1970

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

9. Name and Address of Current Registered Agent

SPRAGUE, JACK C
623 ROYAL DORNOCH COURT
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

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 X _____ DATE
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPRAGUE, JACK C		1.2 NAME		
STREET ADDRESS	623 ROYAL DORNOCH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	MAG, GENE		2.2 NAME	PETERS, VICTOR	
STREET ADDRESS	304 OLD MILL POND RD.		2.3 STREET ADDRESS	27 BRANDY COURT	
CITY-ST-ZIP	PALM HARBOR FL 34683		2.4 CITY-ST-ZIP	TORONTO, ONT, CANADA M3B 3L3	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ERICKSON, WARREN		3.2 NAME		
STREET ADDRESS	2174 OAK FOREST LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	MORRIS, GILBERT		4.2 NAME	GRIEBEL-TESSIER, JUDITH	
STREET ADDRESS	INNISBROOK LODGE 26, APT. 3434		4.3 STREET ADDRESS	1605D ROYAL PALM DR S	
CITY-ST-ZIP	TARPON SPRINGS FL 34688		4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33707	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: Wayne Carlson SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WAYNE E. CARLSON

CR2E037 (11/98)