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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 749797 (7)
1. Corporation Name
SOMBRERO ISLE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
8042 PORPOISE DR 8042 PORPOISE DR
MARATHON FL 33050 MARATHON FL 33050-2832

3. Date Incorporated or Qualified 11/14/1979 3a. Date of Last Report 02/07/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERCE, CHARLOTTE S
8042 PORPOISE DRIVE
MARATHON FL 33050

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVANE, WILLIAM	1.2 NAME	
STREET ADDRESS	CALLE ENSUENO	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARATHON FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, ROBERT	2.2 NAME	
STREET ADDRESS	124 CALLE ENSUENO	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARATHON FL	2.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHARO, V.	3.2 NAME	
STREET ADDRESS	144 CALLE ENSUENO	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARATHON FL	3.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, PHILLIP	4.2 NAME	
STREET ADDRESS	CALLE ENSUENO	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARATHON FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, W. L.	5.2 NAME	
STREET ADDRESS	126 CALLE ENSUENO	5.3 STREET ADDRESS	
CITY - ST - ZIP	MARATHON FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABITO, LYN	6.2 NAME	
STREET ADDRESS	90 CALLE ENSERCHO	6.3 STREET ADDRESS	
CITY - ST - ZIP	MARATHON FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Philip McGuire Philip McGuire 1/13/97 305.743.4894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024791

CR2E037 (9/96)