


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749797** (7)  
1. Corporation Name  
**SOMBRERO ISLE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>8042 PORPOISE DR MARATHON FL 33050</b>	Mailing Address <b>8042 PORPOISE DR MARATHON FL 33050</b>
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3. Date Incorporated or Qualified <b>11/14/1979</b>	
4. FEI Number <b>59-2169217</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PIERCE, CHARLOTTE S 8042 PORPOISE DRIVE MARATHON FL 33050</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D DEVANE, WILLIAM</b>
STREET ADDRESS	<b>CALLE ENSUENO</b>
CITY-ST-ZIP	<b>MARATHON FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D BECKER, ROBERT</b>
STREET ADDRESS	<b>124 CALLE ENSUENO</b>
CITY-ST-ZIP	<b>MARATHON FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DST BOCHARO, V.</b>
STREET ADDRESS	<b>144 CALLE ENSUENO</b>
CITY-ST-ZIP	<b>MARATHON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DP MCGUIRE, PHILLIP</b>
STREET ADDRESS	<b>CALLE ENSUENO</b>
CITY-ST-ZIP	<b>MARATHON FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D JOHNSON, W. L.</b>
STREET ADDRESS	<b>126 CALLE ENSUENO</b>
CITY-ST-ZIP	<b>MARATHON FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D RABITO, LYN</b>
STREET ADDRESS	<b>90 CALLE ENSERCHO</b>
CITY-ST-ZIP	<b>MARATHON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>VP/D Sallie Nelson</b>
1.3 STREET ADDRESS	<b>85 Calle Ensueno</b>
1.4 CITY-ST-ZIP	<b>Marathon, FL 33050</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ST.D Dorothy Becker</b>
2.3 STREET ADDRESS	<b>120 Calle Ensueno</b>
2.4 CITY-ST-ZIP	<b>Marathon, FL 33050</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Phil McGuire* 3/16/98 749797

CP2E037 (10/97)