## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 753890

(3)

## ISLAND INN CONDOMINIUM MOTEL ASSOCIATION, INC.

_									
Principal Place of Business Mailing Address									
9980 GULF BOULEVARD 9980 GULF BOULEVAR TREASURE ISLAND FL 33706 TREASURE ISLAND FL									
						3. Date Incorporated or Qualified 08/26/1980		Last Report 28/1995	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	-1	Applied Fo	or
Suite, Apt. #, etc.		Suite Apt. # etc				59-0873306		Not Applic	
22		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	5.00 May B		
Zip	Country	Zip	Cou	intry		B. This corporation has liability for in			
24	25   29   9. Name and Address of Current Registered Agent			,		Florida Statutes			
	9. Name and Address of Curren	nt Hegistered Agent		04 .		10. Name and Address of New Re	gistered Agen	t	
740110	DIOLIADO A			81   1	Name				
ZACUR, RICHARD A.				82	Street Addre	ess (P.O. Box Number is Not Acceptable	)		
	SH, ZACUR & GRAHAM, P.A.		83						
	ENTRAL AVENUE ERSBURG FL 33733			83					
31. FEI	ENODUNG FL 33733			84 (	Dity		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the abo	ve-nar	ned cornors	ation submits this statement for the purpo		ita raciatarad	n#6.00
	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect			corpora	ition's boar	ation submits this statement for the purpoid of directors. I hereby accept the appoir	itment as regist	ered agent. Ιε	am
SIGNATURE	The state of the s	ion on todos, Florida diatoles.	•						
BIGHT OTE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE Registered	Agent sig	gnature required	when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES 10 OFFIC		CTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE				☐ Cha		
NAME	SMITH, MICHAEL F.		1.2 NA	ME					
STREET ADDRESS	1901 COUNTRY CLUB CT.		1.3 ST	REET ADI	DRESS				
CITY-ST-ZIP	PLANT CITY FL		1.4 01	TY-ST-Z	IP .				
TITLE	VD	DELETE	2.1 111	TLE			☐ Cha	nge 🔲 Addit	ition
NAME	BROWNLEE, CARL		2.2 NA	ME					
STREET ADDRESS	902 E REYNOLDS		2.3 \$1	REET ADI	DRESS				
CITY-ST-ZIP TITLE	PLANT CITY FL TD	DELETE		TY-ST-7	71P				
NAME	COLE, ALBERT		3111		ļ		☐ Chai	nge 🔲 Addit	ition
STREET ADDRESS	1205 BETHLEHAM RD.		3 2 NA						
CITY-ST-ZIP	PLANT CITY FL		1	REET ADI					
TITLE	n	<b>X</b> OELETE	4.1 TIT	TY-ST-Z		<del>)</del>	ПСь	ooo Mi Addii	tion
NAME	ANDERSON, ROBERT	44	4.2 N/		12	ATCLIFF, GUY 3834 MEADOW ON DOURN, FLA 33:	☐ Char	nge 💢 Addit	แปก
STREET ADDRESS	2308 S. WALDEN PLACE		ľ	aivie Reet adg	ORESS 7	3934 MEANOW ON	x M		ļ
CITY-ST-ZIP	-PLANT-OTTY FL			TY - ST - ZI	p p	DOING FIA 22	ピクコ		ľ
TITLE		DELETE	5.1 TIT		<u>'</u>	modern core 33	☐ Char	nge 🗌 Addit	tion
NAME			5 2 NA	ME				-g	
STREET ADDRESS			53 STI	REET ADD	IRESS				
CITY-ST-ZIP			5 4 CIT	Y-ST-ZI	P				
TITLE		DELETE	6.1 TIT	LE			Char	nge 🔲 Additi	tion
NAME			6.2 NA	ME	-				
STREET ADDRESS			6.3 \$10	REET ADD	RESS				
CITY-ST-ZIP			6.4 C(T	Y - ST - ZI	Р				ł
oath; that I		ration or the receiver or trusted	arreport is			r the exemption stated in Section 119.07 e and that my signature shall have the sa report as required by Chapter 617, Fioric			

TEO NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #