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Feb 28 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 # 762976 (9)

1. Corporation Name

THE ISLAND PLACE AT CEDAR KEY CONDOMINIUM OWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CORNER OF 1ST & C ST
POB 687
CEDAR KEY FL 32625

CORNER OF 1ST & C ST
POB 687
CEDAR KEY FL 32625-0687

3. Date Incorporated or Qualified
04/26/1982

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2304654

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVARENNES, CHARLES
HODGSON AVE.
CEDER KEY FL FL 32625

81 Name

Gary Santavicca

82 Street Address (P.O. Box Number is Not Acceptable)

550 1st Street

83 Cedar Key, Fl. 32625

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]

(NOTE: Registered Agent signature required when reinstating)

2-11-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO DELETE
NAME GRUNDSET, RONNIE
STREET ADDRESS 4910 N. W. 27TH COURT
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME HONEYWELL, DAN
STREET ADDRESS 236 S. LUCERNE
CITY-ST-ZIP ORLANDO FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD DELETE
NAME DEVARENNES, CHARLES
STREET ADDRESS HODGSON AVE.
CITY-ST-ZIP CEDER KEY FL 32625

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME SANTAVICCA, GARY
STREET ADDRESS 3056 LEAFWOOD DRIVE
CITY-ST-ZIP MARIETTA GA 30067

4.1 TITLE Change Addition
4.2 NAME Pres.
4.3 STREET ADDRESS Gary Santavicca
4.4 CITY-ST-ZIP

TITLE PD DELETE
NAME CUNNINGHAM, ROBERT
STREET ADDRESS RT 2 BOX 71-A
CITY-ST-ZIP HORSESHOE NC 28742

5.1 TITLE Change Addition
5.2 NAME Sec.
5.3 STREET ADDRESS Tracy Adams
5.4 CITY-ST-ZIP 4185 Stargrass Ct.
Hilliard, Ohio 43026

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME D
6.3 STREET ADDRESS John Dyson
6.4 CITY-ST-ZIP 1004 S. Western Ave.
Champaign, Illinois 61821

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(1), Florida Statutes. I hereby 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

Date

404/653-1117

Daytime Phone #0011503

CR2E037 (9/96)