

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90122 039 \*\*\*\*61.25

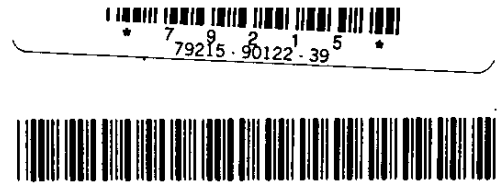
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762976**

1. Corporation Name  
**THE ISLAND PLACE AT CEDAR KEY CONDOMINIUM OWNER'S ASSOCIATION, INC.**

Principal Place of Business CORNER OF 1ST & C ST POB 687 CEDAR KEY FL 32625	Mailing Address CORNER OF 1ST & C ST POB 687 CEDAR KEY FL 32625
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/26/1982 4. FEI Number 59-2304654 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**GARY SANTAVICCA**  
**550 1ST ST.**  
**CEDER KEY FL FL 32625**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: 1-24-99

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRUNDSËT, RONNIE	
STREET ADDRESS	4910 N. W. 27TH COURT	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILL VIERTTEL	
STREET ADDRESS	6450 SW STATE HWY 24	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEVARENNES, CHARLES	
STREET ADDRESS	HODGSON AVE.	
CITY-ST-ZIP	CEDER KEY FL 32625	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GARY SANTAVICCA	
STREET ADDRESS	3056 LEAFWOOD DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRACY ADAMS	
STREET ADDRESS	4185 STARGRASS CT.	
CITY-ST-ZIP	HILLIARD OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHN DYSON	
STREET ADDRESS	1004 S. WESTERN AVE.	
CITY-ST-ZIP	CHAMPAIGN IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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)(l), 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:  SIGNATURE REQUIRED DATE: 1-24-99 DAYTIME PHONE #:

CR2E037 (1/198)