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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **763681** (4)
1. Corporation Name
ISLA DEL SOL OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
% BACON & BACON, P.A., ATTORNEYS AT LAW
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/15/1982** 3a. Date of Last Report **04/15/1994**
4. FEI Number **59-2253935** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
BACON, DAVID A.
BACON & BACON PA
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature) _____ (Name) _____ (Title) _____ (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | DV MARGARONE, PAUL | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6372 APLMA DEL MAR BLVD | 12 NAME | |
| STREET ADDRESS | ST PETESBRUG FL | 13 STREET ADDRESS | |
| CITY, ST, ZIP | | 14 CITY, ST, ZIP | |
| TITLE | D | 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOHSS, HERMAN | 22 NAME | LOHSS HERMAN |
| STREET ADDRESS | 6361 BAHIA DEL MAR LBVD | 23 STREET ADDRESS | 6105 BAHIA DEL MAR CHURCH #882 |
| CITY, ST, ZIP | ST PETERSBURG FL | 24 CITY, ST, ZIP | ST PETERSBURG FL |
| TITLE | PD | 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORTELEE, MARK | 32 NAME | ORTELEE MARK |
| STREET ADDRESS | 6279 SUN BLVD | 33 STREET ADDRESS | 6279 SUN BLVD |
| CITY, ST, ZIP | ST PETERSBURG FL | 34 CITY, ST, ZIP | ST PETERSBURG FL |
| TITLE | TD | 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, WILLIAM | 42 NAME | JOHNSON JENNIFER |
| STREET ADDRESS | 5655 ESCONDIDA BLVD | 43 STREET ADDRESS | 150-1C PINGALLAS BAYWAY |
| CITY, ST, ZIP | ST. PETERSBURG FL | 44 CITY, ST, ZIP | TERRA VERDE FL |
| TITLE | DVS | 51 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENO, NORMA | 52 NAME | LEONBAUND SANDRA |
| STREET ADDRESS | 5801 BAHIA DEL MAR CIR | 53 STREET ADDRESS | 5512 ESCONDIDA BLVD |
| CITY, ST, ZIP | ST. PETERSBURG FL | 54 CITY, ST, ZIP | ST. PETERSBURG FL |
| TITLE | PD | 61 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TURNER, A. GILBERT | 62 NAME | |
| STREET ADDRESS | 5633 PUERTA DEL SO | 63 STREET ADDRESS | |
| CITY, ST, ZIP | ST. PETERSBURG FL | 64 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of change report or in an attachment with an address.

SIGNATURE: *Mark F. Ortelee - President* 4-5-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK F. ORTELEE