

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

% BACON & BACON, P.A., ATTORNEYS AT LAW
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified
06/15/1982

3a. Date of Last Report
05/01/1995

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BACON, DAVID A.
BACON & BACON PA
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

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

Signature, typed, printed name of registered agent and title in application

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME MARGARONE, PAUL
STREET ADDRESS 6372 APLMA DEL MAR BLVD
CITY- ST- ZIP ST PETESBRUG FL

11 TITLE SEC ☐ Change ☒ Addition
12 NAME GEORGE FLATLEY
13 STREET ADDRESS 6294 BAHIA DEL MAR CIRCLE #1002 N
14 CITY- ST- ZIP ST PETERSBURG FL 33715

TITLE TD ☐ DELETE
NAME LOHSS, HERMAN
STREET ADDRESS 6105 BAHIA DEL MAR CIRCLE #882
CITY- ST- ZIP ST. PETERSBURG FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME ORTELEE, MARK
STREET ADDRESS 6279 SUN BLVD
CITY- ST- ZIP ST. PETERSBURG FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE VD ☐ DELETE
NAME JOHNSON, JENNIFER
STREET ADDRESS 160-1C PINELLAS BAY WAY
CITY- ST- ZIP TIERRA VERDE FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME LEOMBRUNO, SANDRA
STREET ADDRESS 5512 E. SCONDIDA BLVD
CITY- ST- ZIP ST. PETERSBURG FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE PD ☐ DELETE
NAME TURNER, A. GILBERT
STREET ADDRESS 5633 PUERTA DEL SO
CITY- ST- ZIP ST. PETERSBURG FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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: *Sandra B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-96 813-867-5180
Date Daytime Phone

CR2E037 (12/95)