

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 763681 (4)**

1. Corporation Name  
**ISLA DEL SOL OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>% BACON &amp; BACON, P.A. ATTORNEYS AT LAW 2959 FIRST AVENUE NORTH ST. PETERSBURG FL 33713</b>	Mailing Address <b>% BACON &amp; BACON, P.A. ATTORNEYS AT LAW 2959 FIRST AVENUE NORTH ST. PETERSBURG FL 33713-8605</b>
--	---

3. Date Incorporated or Qualified <b>06/15/1982</b>	3a. Date of Last Report <b>02/15/1996</b>
--	--

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

4. FEI Number <b>59-2253935</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MARGARONE, PAUL	
STREET ADDRESS	6372 APLMA DEL MAR BLVD	
CITY-ST-ZIP	ST PETESBRUG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOHSS, HERMAN	
STREET ADDRESS	6105 BAHIA DEL MAR CIRCLE #882	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORTELEE, MARK	
STREET ADDRESS	6279 SUN BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JENNIFER	
STREET ADDRESS	160-1C PINELLAS BAY WAY	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEOMBRUNO, SANDRA	
STREET ADDRESS	5512 E. SCODIDA BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TURNER, A. GILBERT	
STREET ADDRESS	5833 PUERTA DEL SO	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEOGE PLATLEY	
1.3 STREET ADDRESS	4963 BROCPA LAKE SOUTH	
1.4 CITY-ST-ZIP	ST PETERSBURG FL 33715	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Herman D. Lohss* **HERMAN D. LOHSS** 1-28-97 813-867-5180  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0050963

CR2E037 (9/96)