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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2253935

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME S
STREET ADDRESS GEORGE FLATLEY
CITY-ST-ZIP 4963 BROCPA LANE S.
ST PETESBRUG FL

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME DIRECTOR
5.3 STREET ADDRESS TURNER, A GILBERT
5.4 CITY-ST-ZIP 5633 PUERTA DEL SO
ST PETERSBURG FL 33715

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME PRES
6.3 STREET ADDRESS DR PAUL MARGARONE
6.4 CITY-ST-ZIP 6372 PALMA DEL MAR S
ST PETERSBURG FL 33715

14. I 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: *Sandra B. Mortham* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-98 813-867-5180

CR2E037 (10/97)