

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90006 018 ****61.25

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DOCUMENT # 763681

1. Corporation Name

ISLA DEL SOL OWNERS' ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/15/1982

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

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 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 ☐ DELETE

TITLE **S**
NAME **GEORGE FLATLEY**
STREET ADDRESS **4963 BROCPA LANE S.**
CITY-ST-ZIP **ST PETESBURG FL**

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

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

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

TITLE **D**
NAME **TURNER, A. GILBERT**
STREET ADDRESS **5633 PUERTA DEL SO**
CITY-ST-ZIP **ST. PETERSBURG FL 33715**

TITLE **P**
NAME **DR PAVI MARGARONE**
STREET ADDRESS **6372 PALMA DEL MARS**
CITY-ST-ZIP **ST PETERSBURG FL 33715**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRES** ☒ Change ☐ Addition
1.2 NAME **GEORGE FLATLEY**
1.3 STREET ADDRESS **4963 BROCPA LANE S**
1.4 CITY-ST-ZIP **ST PETERSBURG FL**

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **DIA** ☐ Change ☒ Addition
6.2 NAME **DORTHEA J STINN**
6.3 STREET ADDRESS **6211 SUN BLVD # 115E**
6.4 CITY-ST-ZIP **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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-99 727-867-5180

CR2E037 (1/98)