


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90023 012 ****61.25

DOCUMENT # 763681 1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2253935	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BACON, DAVID A. BACON & BACON PA 2959 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>David A. Bacon</i></u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUESTON, GEORGIANA		NAME		
STREET ADDRESS	5277 ISLA KEY BLVD 220		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33715		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBBS, PAUL		NAME		
STREET ADDRESS	5155 ISLAKEY BLVD		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33715		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEVANY, MARJOEIR <i>MARJORIE</i>		NAME		
STREET ADDRESS	6084 BAHIA DEL MAR CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG, FL 33715		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERTAUSKI, MARY		NAME		
STREET ADDRESS	1645 PINELLAS BAY WAY		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33715		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORSO, GERALD J		NAME		
STREET ADDRESS	6287M SUN BLVD 7H7		STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG, FL 33715		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JENNIFER		NAME		
STREET ADDRESS	POST OFFICE BOX 66851		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33736		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Georgina Hueston</i></u> Date Daytime Phone # <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					