

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PH 3:41

DOCUMENT # **770823** (3)

1. Corporation Name

ISLAND PINES RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4203 BAY BEACH LANE, SW, #2E
FT. MYERS BEACH FL 33931

4203 BAY BEACH LANE, SW, #2E
FT. MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1983	3a. Date of Last Report 03/01/1994
4. FEI Number 12-8308440	Applied For Not Applicable

2. Principal Place of Business 21 22772 Island Pines Way	2a. Mailing Address 26 22772 Island Pines Way
Suite, Apt. #, etc. 22 Unit 211	Suite, Apt. #, etc. 27 Unit 211
City & State 23 Ft. Myers Beach, Fl.	City & State 28 Ft. Myers Beach, Fl.
Zip 24 33931	Country 25 USA
Zip 29 33931	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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

10. Name and Address of New Registered Agent

DEPIRRO, FREDERICK
4203 BAY BEACH LANE, SW, #2E
FT. MYERS BEACH FL 33931

B1 Name Hershel Sams
B2 Street Address (P.O. Box Number is Not Acceptable) 22772 Island Pines Way
B3 Unit 211
B4 City Fort Myers Beach
FL B5 Zip Code 33931

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE Hershel Sams *Hershel Sams* 3-3-95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JOHNSON, LAVERNE 55463 N. LACROSS AVE. CHICAGO. IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WADSWORTH, HOWARD 41 TULANE RD. KENMORE NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RABBI, MELVINA 151 EASTWOOD AVE. UTICA NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMELO, CARUANA 399 RENFORTH DR. ETHOBICOKE ON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(d), 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: Laverne Johnson *Laverne Johnson* 3-3-95 813-463-7243
Signature and typed or printed name of signing officer or director Date (Type Name)