

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **770823** (3)

1. Corporation Name
ISLAND PINES RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 22772 ISLAND PINES WAY UNIT 211 FT. MYERS BEACH FL 33931 US
Mailing Address: 22772 ISLAND PINES WAY UNIT 211 FT. MYERS BEACH FL 33931 US

3. Date Incorporated or Qualified: 10/19/1983
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business: 21 22796 Island Pines Way Unit 121 Ft. Myers Beach, Fl. 33931
2a. Mailing Address: 26 22796 Island Pines Way Unit 121 Ft. Myers Beach, Fl. 33931
22 City & State: Ft. Myers Beach, Fl.
27 City & State: Ft. Myers Beach, Fl.
23 Zip: 33931
25 Country: USA
28 Zip: 33931
29 Country: USA
30

4. FEI Number: 12-8308440
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SAMS, HERSHEL 22772 ISLAND PINES WAY UNIT 211 FT. MYERS BEACH FL 33931
10. Name and Address of New Registered Agent: 81 Name: Howard Wadsworth
82 Street Address (P.O. Box Number is Not Acceptable): 22796 Island Pines Way
83 Unit 121
84 City: Ft. Myers Beach FL 85 Zip Code: 33931

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: Howard Wadsworth
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 2-27-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD NAME: JOHNSON, LAVERNE STREET ADDRESS: 55463 N. LACROSS AVE. CITY-ST-ZIP: CHICAGO. IL	<input type="checkbox"/> DELETE	1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: WADSWORTH, HOWARD STREET ADDRESS: 41 TULANE RD. CITY-ST-ZIP: KENMORE NY	<input type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: Howard Wadsworth 2.3 STREET ADDRESS: 22796 Island Pines Way Unit 121 2.4 CITY-ST-ZIP: Ft. Myers Beach, Fl. 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: RABBI, MELVINA STREET ADDRESS: 151 EASTWOOD AVE. CITY-ST-ZIP: UTICA NY	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CARMELO, CARUANA STREET ADDRESS: 399 RENFORTH DR. CITY-ST-ZIP: ETHOBICOKE ON	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	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)(k), 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* 2/27/96 941-463-7243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)