**FILED** 

Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90171 024 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J00922

ISLE OF PALMS MANAGEMENT, INC.

Principal Place of Business Mailing Address						-	##### ################################	1011 OLDIE 1001
7400 -46TH AV		7400 -46TH AVENUE NORTH			DO NOT WRITE IN	TUIS SDACE		
ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
						02/21/1986		
a Birdad D	Land Business	2a, Mailing Address				4. FEI Number	T An	plied For
	lace of Business	<b>├</b> ──				59-2652601	<del> </del>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	
— · · ·	#, <del>6</del> 16.	27				5. Certifcate of Status Desired	Fee Re	
22   City & Stat	е .	City & State				6. Election Campaign Financing	\$5.00	Mav Be
23	-	28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	у		8. This corporation owes the current year		_
24		29 3	0			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		- Y		10. Name and Address of New Registe	ered Agent	
DIOC	OCCUPATION NO PRINCIPALITY OF THE PRINCIPALITY		81	1 Name	;	•		
DICOSOLA, MAUREEN HORNER 7400-46TH AVENUE NORTH			82	2 Stree	t Addre	ddress (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33709			83	3			<del></del>	
			84	4 City			85 Zip C	ode
				1			<b>FL</b>   '	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	it Florida. Such change was auf	norizea ov	v tne cor	d corpo poration	ration submits this statement for the purpor's board of directors. I hereby accept the a	se of changing its appointment as reg	registered gistered
SIGNATURE								
	Signature, typed or printed name of registered agent			ent signature	required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		PS IN 12
12.	OFFICERS ANI	DELETE	13.			ADDITIONS/CHANGES TO GIT TOES	☐ Change	Addition
TITLE	PERKINS, DOROTHY F.		1.2 NAME			_	_ ,	_
NAME	7400 46TH AVE. N., LOT 424			ET ADDRES		<i>:</i>		
STREET ADDRESS	ST. PETERSBURG FL		1.4 CITY-		أ		•	
CITY-ST-ZIP	PD PD	☐ DELETE	2.1 TITLE		+		☐ Change	☐ Addition
	DICOSOLA, MAUREEN H.		2.2 NAME					
NAME	7400-46TH AVENUE N.		1	ET ADDRES	s		•	į
STREET ADDRESS	ST. PETERSBURG FL		2. 4 CITY-					
CITY-ST-ZIP	OI. TETERODORIO TE	☐ DELETE	3.1 TITLE	VI - LI	1		☐ Change	Addition
NAME			3,2 NAME					
STREET ADDRESS			3.3 STREE	ET ADDRES	3			Ì
CITY-ST-ZIP			3 4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME	<u> </u>				
STREET ADDRESS			4.3 STREE	ET ADDRES	s	•		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u> </u>			
TITLE	14.0	☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME			•		
STREET ADDRESS				ET ADDRÉS	3	•		
CITY-ST-ZIP		<u></u>	5.4 CITY-	ST-ZIP	<b></b>		Character Character	☐ Addition
TITLE		☐ DELETÉ	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME			•		
STREET ADDRESS			1	ET ADORES	5			
			64 CITY.	E ( 710	1			

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 607, 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: