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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J84817** (2)

1. Corporation Name
COMMUNITY BANK OF THE ISLANDS

Principal Place of Business
**2450 PERIWINKLE WAY
P.O. BOX 1640
SANIBEL FL 33957**

Mailing Address
**2450 PERIWINKLE WAY
P.O. BOX 1640
SANIBEL FL 33957-1640**



3. Date Incorporated or Qualified
12/30/1987

3a. Date of Last Report
05/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANK, LYMAN H III
1752 JEWEL BOX DRIVE
SANIBEL FL FL339-57**

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 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALBERT, CRAIG L	
STREET ADDRESS	1725 JEWEL BOX DRIVE	
CITY - ST - ZIP	SANIBEL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANK, LYMAN H., III	
STREET ADDRESS	1752 JEWEL BOX DRIVE	
CITY - ST - ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEOD, ALLAN. L JR	
STREET ADDRESS	15600 KINROSS CIR	
CITY - ST - ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IRELAND, MYTON W.	
STREET ADDRESS	632 LIGHTHOUSE WAY	
CITY - ST - ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, STANLEY E JR	
STREET ADDRESS	8100 GLENFINNAN CIR	
CITY - ST - ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

14. I do 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.

SIGNATURE:

Lyman H. Frank, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/97

941-472-2800

LYMAN H. FRANK, III

Date

Daytime Phone #

0404004

CR2E034 (9/96)