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**APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



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

95 MAR -7 PM 2:12

DOCUMENT # L94891 (3)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
ISLAND HARBOR HOMES, INC.

Principal Place of Business Mailing Address
**885 SE 47TH TERR.
CAPE CORAL FL 33904** **885 SE 47TH TERR.
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/13/1990** 3a. Date of Last Report **03/08/1994**

4. FEI Number **65-0213638** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **415 Cape Coral Parkway West** 26 **415 Cape Coral Parkway West**
22 **West** 27 **West**
23 **Cape Coral FL** 28 **Cape Coral FL**
24 **33914** 25 **USA** 29 **33914** 30 **USA**

9. Name and Address of Current Registered Agent
**SNOW, ROBERT A.
5303 CHIQUITA BLVD.
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent
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 of agent)

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1-1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNOW, VIRGINIA A.	1-2 NAME	
STREET ADDRESS	5303 CHIQUITA BLVD.	1-3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	1-4 CITY - ST - ZIP	33914
TITLE	D	2-1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNOW, ROBERT	2-2 NAME	
STREET ADDRESS	5303 CHIQUITA BLVD.	2-3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	2-4 CITY - ST - ZIP	33914
TITLE		3-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3-2 NAME	
STREET ADDRESS		3-3 STREET ADDRESS	
CITY - ST - ZIP		3-4 CITY - ST - ZIP	
TITLE		4-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4-2 NAME	
STREET ADDRESS		4-3 STREET ADDRESS	
CITY - ST - ZIP		4-4 CITY - ST - ZIP	
TITLE		5-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5-2 NAME	
STREET ADDRESS		5-3 STREET ADDRESS	
CITY - ST - ZIP		5-4 CITY - ST - ZIP	
TITLE		6-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6-2 NAME	
STREET ADDRESS		6-3 STREET ADDRESS	
CITY - ST - ZIP		6-4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: **Virginia Snow**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/95 813542 9271
DATE (Print) Signature (Print)