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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(3)

ISLAND HARBOR HOMES, INC.

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Principal Place of	Business AL PARKWAY, WEST	Mailing Address 415 CAPE CORAL PAR	NAMAY UM	сет					
CAPE CORAL F	· · · · · · · · · · · · · · · · · · ·	CAPE CORAL FL 33914							
US		U\$				3. Date Incorporated or Qualified	3a. Date	of Last F	Report
						3. Date Incorporated or Qualified 08/13/1990	3a. Date 0	3/07/19	95
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number 65-02 13638			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$9.75			Not Applicable 5 Additional
22		27				5. Certificate of Status Desired		•	Required
City & State		City & Stale				6. Election Campaign Financing \$5.00 May E			
23] Zip	Country	28 Zip	Cou	into/		Trust Fund Contribution			ed to Fees
24	25	29	30	,, 10 y		8. This corporation has liability for Florida Statutes Yes	ritarigibie ta ⊱ ∏ No	x under s	199.032,
1	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New F	Registered	Agent	
ONOW BO	NOCOT 4			81	Name				
SNOW, RO	Duita Blyd.			82	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)		
	RAL FL 33914			83					

				84	City		FL	85 Z	ip Code
11. Pursuant to the	he provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-na	med corpora	tion submits this statement for the pu	roose of cha	inging its	registered office
familiar with	agent, or both, in the State of Flor and appared the obligations of, Sec	rida. Sucri change was authorize ction 607.0505, Florida Statutes	ea by the c	corpo	ration's board	d of directors. I hereby accept the app	ointment as	registered	d agent. I am
SIGNATURE ,		- 4				7			
12.		ND DIRECTORS	TE Registered	Agent :	signature required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIDECTO	3DQ IN 12
TITLE	0	DELETE	1.17	ITLE		ADDITIONS/ONANGES TO OFF		7 Change	Addition
NAME	SNOW, VIRGINIA A.		1.2 N/	AME					_
STREET ADDRESS	5303 CHIQUITA BLVD. CAPE CORAL FL		1.3 ST	TREET A	DDRESS				
G114 - S1 - ZIP	D CAPE CONAL PL			TY-51-	- ZIP				
TITLE	SNOW, ROBERT	☐ DELETE	2 1 T] Change	☐ Addition
NAME STREET ADDRESS	5303 CHIQUITA BLVD.		22 N/		pporce				
CHY-ST-ZIP	CAPE CORAL FL			TY-ST-	DDRESS - 7IP				
THILE	····	DELETE	3 1 7				i i	Change	Addition
NAME			3.2 N/	AME					
STREET ADDRESS			3 3. S	TREET A	ADDRESS				
CITY-ST-ZIP		E3 pri ere		TY-ST-	ZIP		····- <u>-</u>		F=1
TITLE NAME		☐ DELETE	4. 1 T				L] Change	Addition
STREET ADDRESS			4.2 N/ 4.3 ST		DDRESS				
CITY-SF-ZIP				TY-ST-					
TITLE		☐ DELETE	5. 1 T		 			Change	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 S1	REET A	DDRESS				
CITY-ST-ZIP		☐ DELETE		TY-\$1-	- ZIP			٦ ٨٠	T Later-
TITLE			6.11				L] Change	Addition
NAME STREET ADDRESS			6.2 NA		DDRESS				
CITY-ST-ZIP				NEET A TY-ST-					
			0.4 (-1	31-	Est				

14. I do hereby cert fy that the information supplied with this firing 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 rustee 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:

SOUD SIGNING OFFICER OR DIRECTOR

4/18 /9 4 941-Date 542 926/