FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:49

DOCUMENT # N07783 (6)

1. Corporation Name

ALAMEDA ISLES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O WILLIAM R. KORP~~ 1 ALAMEDA GRANDE ENGLEWOOD FL 34223-2101	~~C/O WILLIAM R. KORP~~ 1 ALAMEDA GRANDE ENGLEWOOD FL 34223-2101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1985
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2294634 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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 delete	26 delete
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DOMBER, HARLAN R
2801 FRUITVILLE RD, STE 150
SARASOTA FL 34237

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 if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~VOSHEL, CAROL~~	1.2 NAME	MATULE, JOE	
STREET ADDRESS	~~2 SOUTH FLORA VISTA~~	1.3 STREET ADDRESS	16 S. Granada Plaza	
CITY-ST-ZIP	~~ENGLEWOOD FL~~	1.4 CITY-ST-ZIP	Englewood, FL 34223	
TITLE	~~VD~~	2.1 TITLE	P	☒ Change ☐ Addition
NAME	PRZYSUCHA, JOHN	2.2 NAME		
STREET ADDRESS	9 S GRANADA PLAZA	2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	34223	
TITLE	~~PD~~	3.1 TITLE	D	☒ Change ☐ Addition
NAME	~~LARSEN, LAWRENCE~~	3.2 NAME	BOOTH, George	
STREET ADDRESS	~~5 SOUTH GRANADO PLAZA~~	3.3 STREET ADDRESS	3 Savona Ave.	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	Englewood, FL 34223	
TITLE	~~D~~	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	BURR, WILLIAM	4.2 NAME		
STREET ADDRESS	13 SAVONA AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	34223	
TITLE	TD	5.1 TITLE		☒ Change ☐ Addition
NAME	OLSON, JOSEPHINE	5.2 NAME		
STREET ADDRESS	9 S MARINA PLAZA	5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	34223	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	BILESCHI, STANLEY	6.2 NAME		
STREET ADDRESS	17 HACIENDA DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	34223	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Przysucha President 2-16-95 (813) 474-5079
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
John Przysucha

0042884