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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07783** (6)
1. Corporation Name
ALAMEDA ISLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1 ALAMEDA GRANDE ENGLEWOOD FL 34223-2101 US	Mailing Address 16 CHURCH ST OSPREY FL 34229 US
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3. Date Incorporated or Qualified 02/21/1985
4. FEI Number 59-2294634
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOMBER, HARLAN R
#1 CHURCH ST
OSPREY FL 34229**

81 Name Elsie Zimmer
82 Street Address (P.O. Box Number is Not Acceptable) Alameda Isles Homeowners
83 City 16 Church Street
84 City Osprey
85 Zip Code FL 34229

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Elsie Zimmer* **Elsie Zimmer - President** **1-30-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	T MATULE, JOE
STREET ADDRESS	16 S GRANDA PLAZA
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	P PRZYSUCHA, JOHN
STREET ADDRESS	9 S GRANADA PLAZA
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ZIMMER, ELSIE
STREET ADDRESS	9 DEL PRADO DR
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VP BURR, WILLIAM
STREET ADDRESS	13 SAVONA AVE
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ANGIE ALBANO
STREET ADDRESS	80 S. BUENO VISTA AVE.
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SPENTHOFF, VIVIAN
STREET ADDRESS	14 HACIENDA DR
CITY-ST-ZIP	ENGLEWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ASD Keith J. Lloyd
1.3 STREET ADDRESS	16 Church Street
1.4 CITY-ST-ZIP	Osprey, FL. 34223
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D John Przysucha
2.3 STREET ADDRESS	9 S. Granada Plaza
2.4 CITY-ST-ZIP	Englewood, FL. 34223
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P/D Zimmer, Elsie
3.3 STREET ADDRESS	9 Del Prado Dr.
3.4 CITY-ST-ZIP	Englewood, FL. 34223
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V/PD Nieskes, Gary
4.3 STREET ADDRESS	56 S. Buena Vista Ave
4.4 CITY-ST-ZIP	Englewood, FL. 34223
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Larry Strandquist
5.3 STREET ADDRESS	5 S. Flora Vista St
5.4 CITY-ST-ZIP	Englewood, FL. 34223
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S/D Spenthoff, Vivian
6.3 STREET ADDRESS	14 Hacienda Dr.
6.4 CITY-ST-ZIP	Englewood, FL. 34223

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

SIGNATURE *Elsie Zimmer* **Elsie Zimmer** **1-30-98** **474-5079**

CP2E037 (10/97)