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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07783

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/21/1985

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

9. Name and Address of Current Registered Agent

ZIMMER, ELSIE
ALAMEDA ISLES HOMEOWNERS
9616 CHURCH STREET
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name Elsie Zimmer, President
82 Street Address (P.O. Box Number is Not Acceptable)
Alameda Isles Homeowners Assoc.
16 Church Street
83 City Osprey, FL
84 Zip Code 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*
Signature, typed or printed name of registered agent and title if applicable.

Elsie Zimmer, President
(NOTE: Registered Agent signature required when reinstating)

1-29-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
T	MATULE, JOE	16 S GRANDA PLAZA	ENGLEWOOD FL	<input checked="" type="checkbox"/>
D	PRZYSUCHA, JOHN	9 S GRANADA PLAZA	ENGLEWOOD FL 34223	<input type="checkbox"/>
PD	ZIMMER, ELSIE	9 DEL PRADO DR	ENGLEWOOD FL 34223	<input type="checkbox"/>
VPD	NIESKES, GARY	56 S BUENA VISTA AVE	ENGLEWOOD FL 34223	<input type="checkbox"/>
D	ANGIE ALBANO	80 S. BUENO VISTA AVE.	ENGLEWOOD FL	<input checked="" type="checkbox"/>
SD	SPENTHOFF, VIVIAN	14 HACIENDA DR	ENGLEWOOD FL 34223	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
TD	Fred Olney	5 S. Esplanade St.	Englewood, FL 34223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Richard Bright	36 N. Flora Vista St.	Englewood, FL 34223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Bill Burr	13 Savona Ave.	Englewood, FL 34223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Larry Strandquist	5 S. Flora Vista St.	Englewood, FL 34223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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, with all other like empowered.

SIGNATURE *Elsie Zimmer*

SIGNATURE REQUIRED

1-29-99
Date Daytime Phone #

CR2E037 (11/98)