FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N12993** **(4)**

1. Corporation Name

ISLEWORTH COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6100 DEACON DRIVE WINDERMERE FL 34786 US	~~6100 DEACON DRIVE~~ ~~WINDERMERE FL 34786~~ ~~US~~

3. Date Incorporated or Qualified: 01/16/1986
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21:
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: 25. Country:

2a. Mailing Address
26: 200 S. Orange Ave.
27. Suite, Apt. #, etc.: Suite 2300
28. City & State: Orlando, FL
29. Zip: 32801-3432 30. Country:

4. FEI Number: 59-2780586 ☐ 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

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

9. Name and Address of Current Registered Agent

~~KAY, CHRISTOPHER K.~~
~~111 N. ORANGE AVENUE~~
~~SUITE 1000~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

81 Name: A.G.C. Co.
82 Street Address (P.O. Box Number Is Not Acceptable): 200 S. Orange Ave.
83: Suite 2300
84 City: Orlando FL 85 Zip Code: 32801-3432

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: A.G.C. Co. By: C. Thomas Ball, Vice President DATE: 4-22-96
Signature, Name and Capacity of Registered Agent and Officer (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SILVERTON, TOBY 5353 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE FL 34786	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD KAY, CHRISTOPHER K. 111 N. ORANGE AVE #1800 ORLANDO FL 32801	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VOSS, JEFFERSON R 550 JEFFERSON STREET OAKLAND FL 34760	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	000001807220 -05/03/96--01086--002 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNT, ERICA 6119 DEACON DRIVE WINDERMERE FL 34786	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Cervenka, Leslie 5224 Fairway Oaks Drive Windermere, FL 34786	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

4-1-96

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

SIGNATURE: JEFFERSON R VOSS 4-11-96 407 876 5482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)