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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N17596 (0)
 1. Corporation Name
ISLAND PLACE AT HARBOURSIDE OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O MATA ENTERPRISES, INC. **4175 EAST BAY DR**
1301 SEMMOLE BLVD. SUITE 110 **205**
LARGO FL 34640-5183 **CLEARWATER FL 34624**
US

2. Principal Place of Business 2a. Mailing Address
 21 **C/O CMC** 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **4175 East Bay Dr. #205** 27
 City & State City & State
 23 **Clearwater, FL** 28
 Zip Country Zip Country
 24 **34624** 25 **USA** 29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/30/1986** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-2739877** 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

9. Name and Address of Current Registered Agent
COMMUNITY MGMT CONCEPTS INC
4175 E BAY DRIVE SUITE 205
STE 110
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
 01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
 03
 04 City **FL** 05 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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEESLEY, HARRY J	1.2 NAME	
STREET ADDRESS	7912 SAILBOAT KEY BLVD #404	1.3 STREET ADDRESS	
CITY - ST - ZIP	S PASADENA FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, ROBIN E	2.2 NAME	Kina Wu
STREET ADDRESS	7912 SAILBOAT KEY BLVD #302	2.3 STREET ADDRESS	7902 Sailboat Key Blvd # 408
CITY - ST - ZIP	S PASADENA FL	2.4 CITY - ST - ZIP	So. Pasadena, FL 33707
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTOFSKY, EMILY	3.2 NAME	
STREET ADDRESS	7892 SAILBOAT KEY BLVD S #108	3.3 STREET ADDRESS	
CITY - ST - ZIP	S PASADENA FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEIR, ARTHUR	4.2 NAME	
STREET ADDRESS	7912 SAILBOAT KEY BLVD #401	4.3 STREET ADDRESS	
CITY - ST - ZIP	S PASADENA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, DON	5.2 NAME	
STREET ADDRESS	7902 SAILBOAT KEY BLVD 502	5.3 STREET ADDRESS	
CITY - ST - ZIP	S PASADENA FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGOVOY, JEANNE	6.2 NAME	Jack Micklin
STREET ADDRESS	7912 SAILBOAT KEY BLVD #108	6.3 STREET ADDRESS	7892 Sailboat Key Blvd # 506
CITY - ST - ZIP	S PASADENA FL	6.4 CITY - ST - ZIP	So. Pasadena, FL 33707

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 110.07(3)(b), 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: Harry J. Beesley **3/30/95**
SIGNATURE AND (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CONT'D

D

Prout, Ken

7892 Sailboat Key Blvd #306

So. Pasadena, FL 33707