

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 # N17596 (0)
1. Corporation Name

ISLAND PLACE AT HARBOURSIDE OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O CMC 4175 EAST BAY DR
4175 EAST BAY DR. 205
CLEARWATER FL 34624 US CLEARWATER FL 34624
US

3. Date Incorporated or Qualified **10/30/1986** 3a. Date of Last Report **04/13/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

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
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEESLEY, HARRY J 7912 SAILBOAT KEY BLVD #404 S PASADENA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WU, KINA 7902 SAILBOAT KEY BLVD 408 S PASADENA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KOTOFSKY, EMILY 7892 SAILBOAT KEY BLVD S #106 S PASADENA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEIR, ARTHUR 7912 SAILBOAT KEY BLVD #401 S PASADENA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, DON 7902 SAILBOAT KEY BLVD 502 S PASADENA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICKLIN, JACK 7892 SAILBOAT KEY BLVD. 506 S. PASADENA FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President DAVE Moniz 7912 SAILBOAT Key Blvd. #407 So. PASADENA, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Art Keir, Vice President 7912 SAILBOAT Key Blvd H401 So PASADENA, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary Emily Kotofsky 7892 SAILBOAT Key Blvd #106 So. PASADENA, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer Joe McBride 7902 SAILBOAT Key Blvd. #108 So PASADENA, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director Jack Micklin 7892 SAILBOAT Key Blvd. #506 So. PASADENA, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Director Ken Proulx 7892 SAILBOAT Key Blvd. #306 So. PASADENA, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *David D. Moniz (President)* Date: **4/20/96** Daytime Phone #: **(813) 867-6778**

CR2E037 (12/95)