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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
C/O CMC
4175 EAST BAY DR. 205
CLEARWATER FL 34624
US

Mailing Address
4175 EAST BAY DR
205
CLEARWATER FL 34624-6977
US

3. Date Incorporated or Qualified 10/30/1986
3a. Date of Last Report 05/01/1996
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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

COMMUNITY MGMT CONCEPTS INC
4175 E BAY DRIVE SUITE 205
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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MONIZ, DAVE	
STREET ADDRESS	7912 DAILBOAT KEY BLVD. #407	
CITY-ST-ZIP	S PASADENA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KEIR, ART	
STREET ADDRESS	7912 SAILBOAT KEY BLVD #401	
CITY-ST-ZIP	S PASADENA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOTOSKY, EMILY	
STREET ADDRESS	7892 SAILBOAT KEY BLVD #108	
CITY-ST-ZIP	S PAADENA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCBRIDE, JOE	
STREET ADDRESS	7902 SAILBOAT KEY BLVD. #108	
CITY-ST-ZIP	S PASADENA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICKLIN, JACK	
STREET ADDRESS	7892 SAILBOAT KEY BLVD #506	
CITY-ST-ZIP	S PASADENA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROUX, KEN	
STREET ADDRESS	7892 SAILBOAT KEY BLVD., #308	
CITY-ST-ZIP	S. PASADENA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joe McBride	
1.3 STREET ADDRESS	7902 SAILBOAT Key Blvd #108	
1.4 CITY-ST-ZIP	S. PASADENA, FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gerald Charest	
2.3 STREET ADDRESS	7892 SAILBOAT Key Blvd #207	
2.4 CITY-ST-ZIP	S. PASADENA, FL	
3.1 TITLE	Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Emily Kotosky	
3.3 STREET ADDRESS	7892 SAILBOAT Key Blvd 106	
3.4 CITY-ST-ZIP	S. PASADENA, FL	
4.1 TITLE	T./D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wm. Patzer	
4.3 STREET ADDRESS	7902 SAILBOAT Key Blvd #508	
4.4 CITY-ST-ZIP	S. PASADENA, FL	
5.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Hoisington	
5.3 STREET ADDRESS	7902 SAILBOAT Key Blvd #201	
5.4 CITY-ST-ZIP	S. PASADENA, FL	
6.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PAUL POULIN	
6.3 STREET ADDRESS	7892 SAILBOAT Key Blvd #307	
6.4 CITY-ST-ZIP	S. PASADENA, FL	

14. I do 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:

Sandra B. Mortham 4-8-97 363-0912

CR2E037 (9/96)