

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 10/30/1986	
4. FEI Number 59-2739877	Applied For Not Applicable

2. Principal Place of Business 21 Condominium Associates Suite, Apt. #, etc. 22 3001 EXECUTIVE DR #260 City & State 23 CLEARWATER, FL. Zip 24 33762	2a. Mailing Address 25 Condominium Associates Suite, Apt. #, etc. 27 3001 EXECUTIVE DR. #260 City & State 28 CLEARWATER, FL. Zip 29 33762	Country 25 US 29 US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Condominium Associates	
82 Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DRIVE	
83 SUITE 260	
84 City CLEARWATER	85 Zip Code FL 33762

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: *Paul J. Micklin, Pres - Condo Assoc* DATE: **4/15/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MONIZ, DAVE	
STREET ADDRESS	7912 DAILBOAT KEY BLVD. #407	
CITY-ST-ZIP	S PASADENA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CHAREST, GERALD	
STREET ADDRESS	7892 SAILBOAT KEY BLVD., #207	
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 PASADENA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PATZER, WILLIAM	
STREET ADDRESS	7902 SAILBOAT KEY BLVD., #508	
CITY-ST-ZIP	S PASADENA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOISINGTON, JOHN	
STREET ADDRESS	7892 SAILBOAT KEY BLVD., #201	
CITY-ST-ZIP	S PASADENA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POULIN, PAUL	
STREET ADDRESS	7892 SAILBOAT KEY BLVD., #307	
CITY-ST-ZIP	S. PASADENA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOISINGTON, JOHN	
1.3 STREET ADDRESS	7892 SAILBOAT KEY BLVD #4201	
1.4 CITY-ST-ZIP	S. PASADENA, FL.	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICKLIN, JACK	
2.3 STREET ADDRESS	7892 SAILBOAT KEY BLVD #4506	
2.4 CITY-ST-ZIP	S. PASADENA, FL.	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PROULX, KEN	
3.3 STREET ADDRESS	7892 SAILBOAT KEY BLVD. #4306	
3.4 CITY-ST-ZIP	S. PASADENA, FL.	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WRIGHT, SUSAN	
4.3 STREET ADDRESS	7912 SAILBOAT KEY BLVD. #6507	
4.4 CITY-ST-ZIP	S. PASADENA, FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	POURNEY, DAN	
5.3 STREET ADDRESS	7912 SAILBOAT KEY BLVD.	
5.4 CITY-ST-ZIP	S. PASADENA, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *John Hoisington* DATE: **4/15/98**

CR2E037 (10/97)