

FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90010 013 ****61.25

0054934

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N17596

1. Corporation Name
ISLAND PLACE AT HARBOURSIDE OWNERS' ASSOCIATION, INC.

Principal Place of Business CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR #260 CLEARWATER FL 33762 US	Mailing Address CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR #260 CLEARWATER FL 33762 US
--	--

498251 - 90010 - 13



21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/30/1986
22. City & State	27. City & State	4. FEI Number 59-2739877
23. Zip	28. Zip	Applied For <input type="checkbox"/> Not Applicable
24. Country	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE
 SUITE 260
 CLEARWATER FL 33762**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOISINGTON, JOHN	1.2 NAME	Wahking, Harold
STREET ADDRESS	7892 SAILBOAT KEY BLVD #201	1.3 STREET ADDRESS	7912 Sailboat Key Blvd #6008
CITY-ST-ZIP	S PASADENA FL	1.4 CITY-ST-ZIP	So Pasadena, FL.
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICKLIN, JACK	2.2 NAME	Bryant, Arthur
STREET ADDRESS	7892 SAILBOAT KEY BLVD #4506	2.3 STREET ADDRESS	7912 Sailboat Key Blvd #6405
CITY-ST-ZIP	S PASADENA FL	2.4 CITY-ST-ZIP	So Pasadena, FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOTOSKY, EMILY	3.2 NAME	Proulx, Ken
STREET ADDRESS	7892 SAILBOAT KEY BLVD #106	3.3 STREET ADDRESS	7892 Sailboat Key Blvd #4306
CITY-ST-ZIP	S PASADENA FL	3.4 CITY-ST-ZIP	So Pasadena, FL.
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROULX, KEN	4.2 NAME	Harold Wahking
STREET ADDRESS	7892 SAILBOAT KEY BLVD #4306	4.3 STREET ADDRESS	7912 Sailboat Key Blvd #6008
CITY-ST-ZIP	S PASADENA FL	4.4 CITY-ST-ZIP	So Pasadena, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, SUSAN	5.2 NAME	
STREET ADDRESS	7912 SAILBOAT KEY BLVD #6507	5.3 STREET ADDRESS	
CITY-ST-ZIP	S PASADENA FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULIN, PAUL	6.2 NAME	Arthur Bryant
STREET ADDRESS	7892 SAILBOAT KEY BLVD., #307	6.3 STREET ADDRESS	7912 Sailboat Key Blvd #6405
CITY-ST-ZIP	S. PASADENA FL	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, with all other like empowered.

SIGNATURE: Harold Wahking 4/29/99 727 360 4481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)