FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 MAY -1 PM 1:07

DOCUMENT # **N32301** **(6)**

1. Corporate Name

ISLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
%JAMES T. HELM POST OFFICE BOX 3967 TEQUESTA FL 33469-7967	%JAMES T HELM POST OFFICE BOX 3967 TEQUESTA FL 33469-7967

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/15/1989**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **65-0122264** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 **1900 SE Country Est Way**	26
Suite, Apt. #, etc. 22 **Jupiter, FL 33458**	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25 **USA**
Zip 29	Country 30

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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HELM, JAMES T. **POST OFFICE BOX 3967** **TEQUESTA FL 33469**	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 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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Office address, an officer must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	11 TITLE	☐ Change ☐ Addition
12 NAME	WELZER, WILLIAM S.	12 NAME	
13 STREET ADDRESS	1505 COMMERCE LANE	13 STREET ADDRESS	
14 CITY ST ZIP	JUPITER FL	14 CITY ST ZIP	
21 TITLE	VD	21 TITLE	☐ Change ☐ Addition
22 NAME	HELM, JAMES T.	22 NAME	
23 STREET ADDRESS	11130 SE FEDERAL	23 STREET ADDRESS	
24 CITY ST ZIP	HOBE SOUND FL	24 CITY ST ZIP	
31 TITLE	STD	31 TITLE	☐ Change ☐ Addition
32 NAME	HELM, KIM L.	32 NAME	
33 STREET ADDRESS	11120 S.E. FEDERAL HWY.	33 STREET ADDRESS	
34 CITY ST ZIP	HOBE SOUND FL	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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)(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: KIM L. HELM — 4-26-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0061259