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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32301 (6)

1. Corporation Name

ISLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
1900 SE COUNTRY EAST WAY POST OFFICE BOX ~~7923~~ JUPITER FL 33458 US	C/O DWIGHT STIPES P.O. BOX 7923 JUPITER FL 33468-7923 US

3. Date Incorporated or Qualified: 05/15/1989

4. FEI Number: 65-0122264 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 ISLAND COUNTRY ESTATES	26 Island Country Estates Homeowners Association
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 P.O Box 7923
City & State 23 JUPITER, FLORIDA.	City & State 28 Jupiter FL.
Zip / Country 24 33458 / 25 USA	Zip / Country 29 33468-7923 / 30 USA

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STIPES, DWIGHT 8089 S.E. COUNTRY ESATES WAY JUPITER FL 33458	81 Name: WRIST, Peter E. 82 Street Address (P.O. Box Number is Not Acceptable): 7778 SE Country Estates Way 83 84 City: Jupiter FL 85 Zip Code: 33458

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: Peter E. Wrist PETER E. WRIST May 08/1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STIPES, DWIGHT 8090 SE COUNTRY EST. WY. JUPITER FL 33458-1045	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President, Director Curington, Norman 18909 SE Red Apple Way Jupiter FL. 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHOTT, CLIFFORD 18753 S.E. RED APPLE LANE JUPITER FL 33458	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Treasurer, Director & V.P JACOBS, Stephen 7882 SE Country Estates Way Jupiter 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CURINGTON, NORMAN 18909 S.E. RED APPLE WAY JUPITER FL 33458	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary, Director & V.P. WRIST, Peter E. 7778 SE. Country Estates Way Jupiter 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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: Peter E. Wrist PETER E. WRIST Mayor for (561)744-3107