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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N34652

(0)

1. Corporation Name

ISLAND ESTATES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
PO BOX 353338 PO BOX 353338
PALM COAST FL 32135 PALM COAST FL 32135-3338
US US

3. Date Incorporated or Qualified 10/11/1989
3a. Date of Last Report 04/03/1996

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	4. FEI Number 59-2982566 Applied For Not Applicable	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

WHITE, WILLIAM A
PALM COAST PROPERTY MGT
296 PALM COAST PWY NE
PALM COAST FL 32137

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
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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 *William A. White* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ARBERG, LEE ONE CORPORATE DR. PALM COAST FL	1.1 TITLE	DV NICK AMARO ONE CORPORATE DRIVE PALM COAST, FL 32137
NAME	DV BUTLER, SAM ONE CORPORATE DR. PALM COAST FL	1.2 NAME	DP SAM BUTLER
STREET ADDRESS	DST TUBBS, STEVE ONE CORPORATE DR. PALM COAST FL	1.3 STREET ADDRESS	DST DAVE ROOT ONE CORPORATE DRIVE PALM COAST, FL 32137
CITY-ST-ZIP	D MIKLOS, THOMAS 6 CAPRI COURT PALM COAST FL	1.4 CITY-ST-ZIP	
	D HOLLEY, BARBARA 11 CAPRI COURT PALM COAST FL	2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 *William A. White* *William A. White* *William A. White*

CR2E037 (9/96)