FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 20 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37243 (5)

1. Corporation Name

THE ISLAND AT SOUTHPOINTE YACHT CLUB RESIDENTS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1777 GULFSTAR DRIVE SOUTH NAPLES, FL 33962	1700 WINDSTAR BLVD. NAPLES, FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1990
3a. Date of Last Report: 04/19/94

2. Principal Place of Business
21: 1777 GULFSTAR DRIVE SO.
22: Suite, Apt. #, etc.
23: City & State: NAPLES, FL 33962
24: Zip
25: Country

2a. Mailing Address
26: 1700 WINDSTAR BLVD.
27: Suite, Apt. #, etc.
28: City & State: NAPLES, FL 33962
29: Zip
30: Country

4. FEI Number: 65-0186261 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRICE, R. SCOTT
KELLY, PRICE, SIKET & HEUERMAN
4501 TAMIAMI TRAIL N. STE 202
NAPLES, FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2640 GOLDEN GATE PKWY STE 315
83
84 City: NAPLES **FL** 85 Zip Code: 33942

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 _____ (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	D/P WICKSTRAND, R.R. 4090 HALDEMAN CREEK DRIVE NAPLES, FL 33962	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	700001483407 -04/25/95--01102--003 ****200.00 ****200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V HANSON, SUSAN 41 SOUTH HIGH STREET COLUMBUS, OH 43287	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T SCHULTZ, EDWIN W. 4090 HALDEMAN CREEK DRIVE NAPLES, FL 33962	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D/V SCHULTZ, EDWIN W. 4090 HALDEMAN CREEK DRIVE NAPLES, FL 33962 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D/S/T DONNA MAGNELLI 4090 HALDEMAN CREEK DRIVE NAPLES, FL 33962 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: R.R. Wickstrand 4/11/95 813-774-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
R.R. WICKSTRAND