

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
03/26/1990

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 4343 YACHT HARBOR DRIVE

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

10. Name and Address of New Registered Agent

**PRICE, R. SCOTT
2640 GOLDEN GATE PKWY
SUITE 315
NAPLES FL 33942**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP WICKSTRAND, R.R.**
STREET ADDRESS **4090 HALDEMAN CREEK DR**
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **DV HANSON, SUSAN**
STREET ADDRESS **41 SOUTH HIGH STREET**
CITY - ST - ZIP **COLUMBUS OH 43287**

TITLE ☒ DELETE
NAME **DV SCHULTZ, EDWIN W.**
STREET ADDRESS **4090 HALDEMAN CREEK DR**
CITY - ST - ZIP **NAPLES FL**

TITLE ☒ DELETE
NAME **DST DONNA MAGNELLI**
STREET ADDRESS **4090 HALDEMAN CREEK DR**
CITY - ST - ZIP **NAPLES FL 33962**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **DST JEWITT, DAVID**
4.3 STREET ADDRESS **1700 WINDSTAR BLVD.**
4.4 CITY - ST - ZIP **NAPLES, FL 33962**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

R.R. Wickstrand
R. R. WICKSTRAND

PAYS

4/12/96

941-774-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)