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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N43242

1. Corporation Name

ISLAND POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

120 S DILLARD STREET
 P O BOX 770218 (34777)
 WINTER GARDEN FL 34787

Mailing Address

120 S DILLARD STREET
 P O BOX 770218 (34777)
 WINTER GARDEN FL 34787



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/03/1991

4. FEI Number

59-3110636

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

9. Name and Address of Current Registered Agent

ROPER, BERT E
 120 S DILLARD ST
 WINTER GARDEN FL 34787

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROPER, BERT E	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DUPPENTHALER D E	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTIN JOHN FOSTER	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGSTROM, MARY R	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KING, EDWARD L	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D TEARELL, JOHN
5.3 STREET ADDRESS	120 S. DILLARD ST
5.4 CITY-ST-ZIP	WINTER GARDEN, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

(407)656-3233

Date

Daytime Phone #

CR2E037 (1/198)