

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P92000002791 (1)

95 MAY -1 AM 10:15

1. Corporation Name

ISLAND BAY ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
290 PEARL STREET
FORT MYERS BEACH FL 33931

Mailing Address
290 PEARL STREET
FORT MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1992
3a. Date of Last Report 04/21/1994

4. FEI Number 65-0380356
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. 190.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, JOSEPH P
290 PEARL STREET
FORT MYERS BEACH FL 33931

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 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

JOSEPH P. WHITE

Joseph P. White

5-8-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HARNON, JOSEPH H
STREET ADDRESS	6640 POWERS FERRY RD.
CITY - ST - ZIP	ATLANTA GA 30339
TITLE	D
NAME	MOON, TIMOTHY A
STREET ADDRESS	6640 POWERS FERRY RD.
CITY - ST - ZIP	ATLANTA GA 30339
TITLE	D
NAME	CARLSON, DEBRA J
STREET ADDRESS	6640 POWERS FERRY RD.
CITY - ST - ZIP	ATLANTA GA 30339
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE		☒ Change ☐ Addition
2. NAME	HARMAN, JOSEPH H	
3. STREET ADDRESS	6640 POWERS FERRY RD	
4. CITY - ST - ZIP	ATLANTA, GA 30339	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. 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)(a), 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 as an attachment with an address.

SIGNATURE:

Debra J Carlson

Debra J Carlson

1/23/95

404/952-1500