

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034201 (2)

1. Corporation Name

ISLEWORTH MANAGEMENT COMPANY

Principal Place of Business

6100 DEACON DR
WINDERMERE FL 34786
US

Mailing Address

6100 DEACON DR
WINDERMERE FL 34786
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3181475

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F & L CORP.
THE GREENLEAF BUILDING THIRD FLOOR
200 LAURA ST
JACKSONVILLE FL 32201-0240

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SILVERTON, TOBY N.
STREET ADDRESS 5088 ISLEWORTH COUNTRY CLUB DR
CITY-ST-ZIP WINDERMERE FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME SILVERTON TOBY N
1.3 STREET ADDRESS 5353 ISLEWORTH COUNTRY CLUB DR
1.4 CITY-ST-ZIP WINDERMERE FL 34786

TITLE V
NAME SILVERTON, VIVIANNE
STREET ADDRESS 5088 ISLEWORTH COUNTRY CLUB DR
CITY-ST-ZIP WINDERMERE FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME SILVERTON VIVIANNE
2.3 STREET ADDRESS 5353 ISLEWORTH COUNTRY CLUB DR
2.4 CITY-ST-ZIP WINDERMERE FL 34786

TITLE VSTD
NAME KAY, CHRISTOPHER K.
STREET ADDRESS 5524 ISLEWORTH COUNTRY CLUB DR
CITY-ST-ZIP WINDERMERE FL

3.1 TITLE VSD ☒ Change ☐ Addition
3.2 NAME KAY CHRISTOPHER K
3.3 STREET ADDRESS 5524 ISLEWORTH COUNTRY CLUB DR
3.4 CITY-ST-ZIP WINDERMERE FL 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE VTD ☐ Change ☒ Addition
4.2 NAME VOSS JEFFERSON R
4.3 STREET ADDRESS 550 JEFFERSON STREET
4.4 CITY-ST-ZIP OAKLAND FL 34760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 110.07(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 on an attachment with an address.

SIGNATURE:

Jefferson R. Voss, V.P. 2/20/95 407/876-5432

Typed Name and Typed or Printed Name of Signing Officer or Director

Daytime Phone #