FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000045352**1. Corporation Name

ISLE OF VIEW REALTY, INC.

Principal Place of Business	Mailing Address
6844 W. C-30 A	6844 W. G-30 A
SANTA ROSA REACH EL 32459	SANTA ROSA REACH EL 32459

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90058 016 ***150.00



Principal Place	e of Business	Mailing Add	ress					
6844 W. C-30 A		6844 W. C-30						
SANTA ROSA BEACH FL 32459		SANTA ROSA	SANTA ROSA BEACH FL 32459			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	THOUTHOL	
						05/29/1996		
2. Principal Pl	lace of Business	2a. Mailing	Address			4. FEI Number		Applied For
21		26				59-3404755		Not Applicable
Suite, Apt.	#. etc.		pt. #, etc.				\$8.7	5 Additional
22	.,,,	27				5. Certifcate of Status Desired	Fee	Required
City & State	e	City & S	tate	•		6. Election Campaign Financing	\$5.0	00 May Be
23	_	28				Trust Fund Contribution .	• •	ed to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year	r Intangible	
24	25 29		30	30		Personal Property Tax.		
	9. Name and Address of Curre			' 		10. Name and Address of New Registe	red Agent	
				81	Name ·			
	en, david a				Charit	description of the Assentation		
743 (HWY 98 E, SUITE #5			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
DES1	TIN FL 32541			83				
	•			84	City		 85 Z	ip Code
				94	City		FL °° '	.ip 0000
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508,	Florida Statutes,	the above	e-named cor	poration submits this statement for the purpos	e of changing	its registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section	change was auth 607.0505, Florida	orized by Statutes	tne corporat	ion's board of directors. I hereby accept the a	рропшнет а	s registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE: Re	gistered Age	nt signature requir	red when reinstating) DAT	<u>`</u>	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIREC	
TITLE	DPS		DELETE	1.1 TITLE			Chan	ge 🗌 Addition
NAME	Kramer, David J			1.2 NAME				
STREET ADDRESS	84 VIRGO STREET			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL 324	59		1.4 CITY-S	T-ZIP			
TITLE		:	☐ DELETE	2.1 TITLE			☐ Chan	ge 🗌 Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREE	TADDRESS			
CITY-ST-ZIP				2. 4 CITY-5	ST-ZIP			
± 1711LE	<u> </u>	-	☐ DELETE	3.1 TITLE			Chan	ge - Addition
NAME				3.2 NAME				
STREET ADDRESS				•	TADDRESS			ļ
ļ				3.4. CITY-S				ļ
TITLE			☐ DELETE	4.1 TITLE	,,- <u>Lir</u>		[] Chan	ge Addition
			· -	4. 2 NAME			_	- · · ·
NAME					TADDRESS			
STREET ADDRESS								+
CITY-ST-ZIP			☐ DELETE	4.4 CITY-S	1-414		☐ Char	ge Addition
TITLE				5.1 TITLE 5.2 NAME				- L
NAME					TADORESS			Ì
STREET ADDRESS					1			
CITY-ST-ZIP			DELETE -	5.4 CITY-S 6.1 TITLE	1-217		□ Char	ge Addition
TITLE			☐ DELETE				☐ Chan	9o □ Mudiidh
NAME				6.2 NAME				Į
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP				6.4 CITY-S	T-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 607. 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:

CITY-ST-ZIP