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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000056444 (8)

1. Corporation Name

ISLAND HOTEL (CEDAR KEY), INC.

Principal Place of Business

877 EXECUTIVE CENTER DR. WEST
GLADES BLDG., STE. 303
ST. PETERSBURG FL 33702

Mailing Address

877 EXECUTIVE CENTER DR. WEST
GLADES BLDG., STE. 303
ST. PETERSBURG FL 33702-2480



3. Date Incorporated or Qualified

07/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 ISLAND HOTEL

Suite, Apt. #, etc.

22 City & State

23 CEDAR KEY, FLORIDA

24 FL 32625

Country

25 LEVY

2a. Mailing Address

26 PO Box 460

Suite, Apt. #, etc.

27 City & State

28 CEDAR KEY, FLORIDA

29 FL 32625

Country

30 LEVY

4. FEI Number 3408533
59-3444478

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

MASCARA, ERNEST L
877 EXECUTIVE CENTER DR. WEST
GLADES BLDG., STE. 303
ST. PETERSBURG FL 33702

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~40~~ ☒ DELETE
NAME MASCARA, ERNEST L
STREET ADDRESS 877 EXECUTIVE CENTER DR. WEST, STE. 303
CITY - ST - ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME Anthony D. Cousins
1.3 STREET ADDRESS ISLAND HOTEL, 2ND STREET.
1.4 CITY - ST - ZIP Cedar Key, Florida 32623

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
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-97

(352) 543 5111

Date

Daytime Phone #

CR2E034 (9/96)