

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90007 039 ****61.25

DOCUMENT # 726487

1. Corporation Name

INTERNATIONAL STUDIO APARTMENT ASSOCIATION, INC.

296095 - 90007 - 39

Principal Place of Business
1480 SO. OCEAN BLVD.
POMPANO BEACH FL 33062

Mailing Address
1480 SO. OCEAN BLVD.
POMPANO BEACH FL 33062



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/23/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1489547

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOROWIAK, RAYMOND
1480 S OCEA BLVD
POMPANO BCH FL 33062

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

RAYMOND H BOROWIAK PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE
NAME WILSON LORRAINE
STREET ADDRESS 740 S FEDERAL HWY
CITY-ST-ZIP POMPANO BCH FL 33062

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME WILSON, LORRAINE
1.3 STREET ADDRESS 740 S FEDERAL HWY
1.4 CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE T ☐ DELETE
NAME CAPRESECCO, SHIRLEY
STREET ADDRESS 1480 S OCEAN BLVD #420
CITY-ST-ZIP POMPANO BEACH, FL 00000 33062

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME CROTTY, RITA
STREET ADDRESS 1480 S OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Constance V. Moller
3.3 STREET ADDRESS 55 Cedar Lane
3.4 CITY-ST-ZIP Florence N.J. 08518

TITLE VP ☒ DELETE
NAME CARROL, PAULA
STREET ADDRESS 1481 S OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH, FL 00000 33062

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME CREED ARMAN
4.3 STREET ADDRESS Germonds Village
4.4 CITY-ST-ZIP Bardonia N.Y. 10954

TITLE D ☐ DELETE
NAME PICARDI, JERRY
STREET ADDRESS 1480 S OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH, FL 00000

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

TITLE ☐ DELETE
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 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:

JERRY PICARDI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR25037 (11/98)