

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **729695** (7)
1. Corporation Name
ISLAND TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% SUMMIT PROPERTY MANAGEMENT INC.
6289 WEST SUNRISE BLVD.
SUNRISE FL 33313

3. Date Incorporated or Qualified **05/16/1974** 3a. Date of Last Report **03/28/1995**
4. FEI Number **59-1704505** 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 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SUMMIT PROPERTY MANAGEMENT, INC.
6289 WEST SUNRISE BLVD.
SUNRISE FL 33313

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STERNWEISS, KEN		1.2 NAME Les Tobin	
STREET ADDRESS 5 ISLAND AVE., SUITE 15J		1.3 STREET ADDRESS 5 Island Ave, # 5-K	
CITY-ST-ZIP MIAMI BCH, FL		1.4 CITY-ST-ZIP Miami Beach, FL 33139	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SENFT, MOLIE		2.2 NAME Rose Elij	
STREET ADDRESS 5 ISLAND AVE.		2.3 STREET ADDRESS 5 Island Ave, # 6-J	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami Beach, FL	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE V/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLUBB, MIK		3.2 NAME Mike Clubb	
STREET ADDRESS 5 ISLAND AVE #11F		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZARON, SID		4.2 NAME Millie Mahoney	
STREET ADDRESS 5 ISLAND AVE		4.3 STREET ADDRESS 5 Island Ave., # 3-B	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP Miami Beach, FL	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STERN, MICHAEL		5.2 NAME Elaine Shapiro	
STREET ADDRESS 5 ISLAND AVE #15C		5.3 STREET ADDRESS 5 Island Ave., # 5-J	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP Miami Beh, FL	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAHONEY, MILLIE		6.2 NAME	
STREET ADDRESS 5 ISLAND AVE., SUITE 3B		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH, FL		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 119.07(3)(k), 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.

SIGNATURE: L. Tobin **L. TOBIN** 4/1/96 538-4960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)