

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729695 (7)**  
1. Corporation Name  
**ISLAND TERRACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>% SUMMIT PROPERTY MANAGEMENT INC. 6289 WEST SUNRISE BLVD. SUNRISE FL 33313</b>	Mailing Address <b>% SUMMIT PROPERTY MANAGEMENT INC. 6289 WEST SUNRISE BLVD. SUNRISE FL 33313-6154</b>
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3. Date Incorporated or Qualified <b>05/16/1974</b>	3a. Date of Last Report <b>04/30/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. <b>P.O. Box 189013</b> City & State <b>Plantation FL</b> Zip <b>33318</b> Country <b>USA</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>P.O. Box 189013</b> City & State <b>Plantation FL</b> Zip <b>33318</b> Country <b>USA</b>
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4. FEI Number <b>59-1704505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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)	<b>4450 W. Sunrise Blvd</b>
83 Suite	<b>100-C</b>
84 City	<b>Plantation FL</b>
85 Zip Code	<b>33318</b>

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: *Gail H. Sangunett* **Gail H. Sangunett, V.P. - Administration** DATE: **2/12/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TOBIN, PES</b>	
STREET ADDRESS	<b>5 ISLAND AVENUE #5-K</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLIS, ROSE</b>	
STREET ADDRESS	<b>5 ISLAND AVENUE #6-J</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CLUBB, MIKE</b>	
STREET ADDRESS	<b>5 ISLAND AVE #11F</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAHONEY, MILLIE</b>	
STREET ADDRESS	<b>5 ISLAND AVENUE #3-B</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAPIRO, ELAINE</b>	
STREET ADDRESS	<b>5 ISLAND AVENUE #5-J</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JULI, HERBERT</b>	
1.3 STREET ADDRESS	<b>5 Island Ave.</b>	
1.4 CITY-ST-ZIP	<b>Miami Beach FL</b>	
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MOORE, DONALD</b>	
4.3 STREET ADDRESS	<b>5 ISLAND AVE.</b>	
4.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL.</b>	
5.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>WILKINSON, JANE</b>	
6.3 STREET ADDRESS	<b>5 ISLAND AVE</b>	
6.4 CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rose B Ellis* **REQUIRED Rose B Ellis** DATE: **11/13/97**

CFR2E037 (9/96)