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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729695

1. Corporation Name
ISLAND TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318 US	Mailing Address C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/16/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1704505
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CASTLE PROPERTY SERVICES GROUP 4450 W. SUNRISE BLVD. SUITE 100-C PLANTATION FL 33318	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
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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 VD	NAME STEPAKOFT, SYLVIA	1.1 TITLE SD	1.2 NAME Alfonso, Lores
STREET ADDRESS 5 ISLAND AVE #3J	CITY-ST-ZIP MIAMI BEACH FL	1.3 STREET ADDRESS 5 Island Ave, #11J	1.4 CITY-ST-ZIP MIAMI BEACH, FL
TITLE PD	NAME ELLIS, ROSE	2.1 TITLE	2.2 NAME
STREET ADDRESS 5 ISLAND AVENUE #6-J	CITY-ST-ZIP MIAMI BEACH FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE D	NAME PHELPS, STEVEN	3.1 TITLE VD	3.2 NAME
STREET ADDRESS 5 ISLAND AVE #6H	CITY-ST-ZIP MIAMI FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME MOORE, DONALD	4.1 TITLE TD	4.2 NAME FASABAGH, CRAIG
STREET ADDRESS 5 ISLAND AVE.	CITY-ST-ZIP MIAMI BEACH FL	4.3 STREET ADDRESS 5 Island Ave, #9H	4.4 CITY-ST-ZIP MIAMI BEACH, FL
TITLE SD	NAME SHAPIRO, ELAINE	5.1 TITLE D	5.2 NAME DeCano, Brandon
STREET ADDRESS 5 ISLAND AVENUE #5-J	CITY-ST-ZIP MIAMI BEACH FL	5.3 STREET ADDRESS 5 Island Ave # 7F	5.4 CITY-ST-ZIP MIAMI BEACH, FL
TITLE	NAME	6.1 TITLE D	6.2 NAME Ferrer, Betzaida
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS 5 Island Ave # 4G	6.4 CITY-ST-ZIP MIAMI BEACH, FL

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: *[Signature]* **ROSE ELLIS, Pres.** 3/3/99 (305) 447-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #