

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 729859 (9)

1. Corporation Name

ISLE OF SAND KEY CONDOMINIUM ASSOCIATION INC.



Principal Place of Business

Mailing Address

C/O PROGRESSIVE MANAGEMENT  
2753 STATE ROAD 580 #207  
CLEARWATER FL 34621  
USC/O PROGRESSIVE MANAGEMENT  
2753 STATE ROAD 580 #207  
CLEARWATER FL 34621-3345  
US3. Date Incorporated or Qualified  
06/05/19743a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-1633133Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEZER, STEVEN H.  
1212 COURT ST STE B  
CLEARWATER FL 34616

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, PATRICIA	
STREET ADDRESS	1621 GULF BLVD 302	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILIPP, HOWARD	
1.3 STREET ADDRESS	1621 GULF BLVD #507	
1.4 CITY-ST-ZIP	CLEARWATER FL 34630	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, DALE	
STREET ADDRESS	1621 GULF BLVD 307	
CITY-ST-ZIP	CLEARWATER FL	

2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAY, M.S.	
2.3 STREET ADDRESS	1621 GULF BLVD #1208	
2.4 CITY-ST-ZIP	CLEARWATER FL 34630	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BLANKS, PHILLIP	
STREET ADDRESS	1621 GULF BLVD 401	
CITY-ST-ZIP	CLEARWATER, FL 00000	

3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKULIZA, MICHAEL	
3.3 STREET ADDRESS	1621 GULF BLVD #1008	
3.4 CITY-ST-ZIP	CLEARWATER FL 34630	

TITLE	T	<input type="checkbox"/> DELETE
NAME	PLOTKIN, LEO	
STREET ADDRESS	1621 GULF BLVD 604	
CITY-ST-ZIP	CLEARWATER FL	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Plotkin, Leo	
4.3 STREET ADDRESS	1621 Gulf Blvd, 604	
4.4 CITY-ST-ZIP	Clearwater, FL 34630	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COSTA, ISABELLE	
STREET ADDRESS	1621 GULF BLVD 508	
CITY-ST-ZIP	CLEARWATER FL	

5.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DEUTSCH, MARSHALL	
5.3 STREET ADDRESS	1621 GULF BLVD #801	
5.4 CITY-ST-ZIP	CLEARWATER FL 34630	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEADOWS, ROBERT	
STREET ADDRESS	1621 GULF BLVD 502	
CITY-ST-ZIP	CLEARWATER FL	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Koch, Ed	
6.3 STREET ADDRESS	1621 Gulf Blvd 108	
6.4 CITY-ST-ZIP	Clearwater, FL 34630	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067378

CR2E037 (9/96)