


FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729859** (9)
1. Corporation Name
ISLE OF SAND KEY CONDOMINIUM ASSOCIATION INC.



Principal Place of Business C/O PROGRESSIVE MANAGEMENT 2753 STATE ROAD 580 #207 CLEARWATER FL 34621 US	Mailing Address C/O PROGRESSIVE MANAGEMENT 2753 STATE ROAD 580 #207 CLEARWATER FL 34621 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33761	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 33761
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3. Date Incorporated or Qualified 06/05/1974	4. FEI Number 59-1633133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent MEZER, STEVEN H. 1212 COURT ST STE B CLEARWATER FL 34618
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	PHILIPP, HOWARD
STREET ADDRESS	1621 GULF BLVD #507
CITY-ST-ZIP	CLEARWATER FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	DAY, M S
STREET ADDRESS	1621 GULF BLVD #1208
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MIKULIZA, MICHAEL
STREET ADDRESS	1621 GULF BLVD #1008
CITY-ST-ZIP	CLEARWATER, FL 00000
TITLE	O <input checked="" type="checkbox"/> DELETE
NAME	PLOTKIN, LEO
STREET ADDRESS	1621 GULF BLVD 604
CITY-ST-ZIP	CLEARWATER FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	DEUTSCH, MARSHALL
STREET ADDRESS	1621 GULF BLVD #801
CITY-ST-ZIP	CLEARWATER FL
TITLE	O <input type="checkbox"/> DELETE
NAME	MEADOWS, ROBERT
STREET ADDRESS	1621 GULF BLVD 502
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAUGSETH, ROY
1.3 STREET ADDRESS	1621 GULF BLVD. #1508
1.4 CITY-ST-ZIP	CLEARWATER FL 33767
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KOCH, ED
2.3 STREET ADDRESS	1621 GULF BLVD. #108
2.4 CITY-ST-ZIP	CLEARWATER FL 33767
3.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOVE, BOB
4.3 STREET ADDRESS	1621 GULF BLVD. #1408
4.4 CITY-ST-ZIP	CLEARWATER FL 33767
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JONAP, LANE
5.3 STREET ADDRESS	1621 GULF BLVD. #908
5.4 CITY-ST-ZIP	CLEARWATER FL 33767
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SCHAUS, JOHN
6.3 STREET ADDRESS	1621 GULF BLVD. #1203
6.4 CITY-ST-ZIP	CLEARWATER FL 33767

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.

SIGNATURE: *[Signature]* **2/5/98** **596-4367**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904-3122

CR2E037 (10/97)