

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90094 025 \*\*\*\*61.25

DOCUMENT # 729859

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 33761  
US

Mailing Address

C/O PROGRESSIVE MANAGEMENT  
2753 STATE ROAD 580 #207  
CLEARWATER FL 33761  
US

146387 90094 25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/05/1974

4. FEI Number

59-1633133

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HAUGSETH, ROY  
STREET ADDRESS 1621 GULF BLVD #1508  
CITY-ST-ZIP CLEARWATER FL 33767

TITLE VD ☐ DELETE

NAME KOCH, ED  
STREET ADDRESS 1621 GULF BLVD #108  
CITY-ST-ZIP CLEARWATER FL 33767

TITLE STD ☐ DELETE

NAME MIKULIZA, MICHAEL  
STREET ADDRESS 1621 GULF BLVD #1008  
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE D ☒ DELETE

NAME HOVE, BOB  
STREET ADDRESS 1621 GULF BLVD #1408  
CITY-ST-ZIP CLEARWATER FL 33767

TITLE D ☒ DELETE

NAME JONAP, LANE  
STREET ADDRESS 1621 GULF BLVD #908  
CITY-ST-ZIP CLEARWATER FL 33767

TITLE D ☐ DELETE

NAME SCHAUS, JOHN  
STREET ADDRESS 1621 GULF BLVD #1203  
CITY-ST-ZIP CLEARWATER FL 33767

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *John Schaus* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)