

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 23 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 731330 (7)

1. Corporation Name  
THE ISLANDIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
10001 WEST OAKLAND PK BLVD 10001 WEST OAKLAND PK BLVD  
SUNRISE FL 33351 SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1974	3a. Date of Last Report 02/25/1994
4. FEI Number 59-1602682	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

GOLD COAST PROPERTY MANAGEMENT  
10001 WEST OAKLAND PARK BLVD  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTON, ANTHONY	1.2 NAME	RICHARD W. MARTIN
STREET ADDRESS	844 NW 81ST TERR	1.3 STREET ADDRESS	8211 NW 8TH PLACE
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PLANTATION, FL
TITLE	VP	2.1 TITLE	D 1ST VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, RICHARD W.	2.2 NAME	ANDREA G. GELLEAT
STREET ADDRESS	8211 NW 8TH PLACE	2.3 STREET ADDRESS	8244 NW, 9TH COURT
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	PLANTATION, FL
TITLE	S	3.1 TITLE	D 2ND VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACACIA, THOMAS	3.2 NAME	RODGER W. JONES
STREET ADDRESS	8246 NW 9TH CT.	3.3 STREET ADDRESS	8230 NW, 8TH PLACE
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	PLANTATION, FL
TITLE	T	4.1 TITLE	D SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARLUCK, RONALD K.	4.2 NAME	ANDREA G. GELLEAT
STREET ADDRESS	8214 NW 8TH ST.	4.3 STREET ADDRESS	8244 NW 9TH COURT
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	PLANTATION, FL
TITLE	D	5.1 TITLE	D DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADOWSKY, LEWIS	5.2 NAME	ANTHONY ANTON
STREET ADDRESS	8238 NW 8TH CT.	5.3 STREET ADDRESS	844 NW, 81ST TERRACE
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	PLANTATION, FL
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, STEVE	6.2 NAME	
STREET ADDRESS	9261 NW 8TH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard W. Martin 2-22-95 305-472-2283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Anytime) (None)