

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # . 731330 (7)
1. Corporation Name
THE ISLANDIA CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 12/04/1974
3a. Date of Last Report 03/23/1995

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

4. FEI Number 59-1602682 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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, Not Acceptable) 10001 32101
03/05/96 01022 010
83 ***61.25
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 _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	MARTIN, IRCHARD W
STREET ADDRESS	8211 NW 8TH PLACE
CITY-ST-ZIP	PLANTATION FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	GELLERT, ANDREA G.
STREET ADDRESS	8244 N.W. 9TH COURT
CITY-ST-ZIP	PLANTATION FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	JONES, RODGER W.
STREET ADDRESS	8230 N.W. 8TH PLACE
CITY-ST-ZIP	PLANTATION FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	GELLERT, ANDREA G.
STREET ADDRESS	8244 N.W. 9TH COURT
CITY-ST-ZIP	PLANTATION FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANTON, ANTHONY
STREET ADDRESS	844 NW. 81ST TERRACE
CITY-ST-ZIP	PLANTATION FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Russ Plante
1.3 STREET ADDRESS	8243 NW 9th Court
1.4 CITY-ST-ZIP	PLANTATION, FL 33324
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8244 NW 9th Court
2.4 CITY-ST-ZIP	PLANTATION, FL 33324
3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ronald K. Garlick
3.3 STREET ADDRESS	8214 NW 8th Street
3.4 CITY-ST-ZIP	PLANTATION, FL 33324
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lewis Sadowsky
4.3 STREET ADDRESS	8238 NW 8th Court
4.4 CITY-ST-ZIP	PLANTATION, FL 33324
5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Anthony Anton
5.3 STREET ADDRESS	844 NW 81st Terrace
5.4 CITY-ST-ZIP	PLANTATION, FL 33324
6.1 TITLE	Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Oscar Hammer
6.3 STREET ADDRESS	829 NW 81st Way
6.4 CITY-ST-ZIP	PLANTATION, FL 33324

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Ronald K. Garlick Mes. 2/26/96 (954) 472-2283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RONALD K. GARLICK

CR2E037 (12/95)