

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 8201 NW 9TH STREET PLANTATION FL 33324
Mailing Address: 8201 NW 9TH STREET PLANTATION FL 33324

3. Date Incorporated or Qualified: 12/04/1974
4. FEI Number: 59-1602682
Applied For: Yes No
Not Applicable: Yes No

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?: Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.: Yes No

9. Name and Address of Current Registered Agent
D'ANNA, RONALD E
2300 GLADES ROAD
SUITE 400, EAST TOWER
BOCA RATON FL 33431

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	VP	<input type="checkbox"/> DELETE
NAME	PLANTE, RUSS W	
STREET ADDRESS	8243 NW 9TH COURT	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARLICK, RON	
STREET ADDRESS	8214 NW 8TH ST COURT	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JOHNSON, PRENTIS JR	
STREET ADDRESS	8205 NW 9TH COURT	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	LOVELL, JOHN	
STREET ADDRESS	855 NW 80TH TERRACE	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANTON, TONY	
STREET ADDRESS	844 NW. 81ST TERRACE	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLF, STEVEN	
STREET ADDRESS	864 NW 81ST WAY	
CITY - ST - ZIP	PLANTATION FL 33324	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DIRECTOR D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAULFIELD, RICHARD	
1.3 STREET ADDRESS	8247 NW 9th COURT, PLANTATION	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* 954/497-1875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* 6-313
Date: _____ Daytime Phone #: 0037552

CR2E037 (10/97)