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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731330

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/04/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1602682
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LINDIE, BETH G 315 S.E. 7TH STREET SUITE 300 FT. LAUDERDALE, FL 33301	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	PLANTE, RUSS 8243 NW 9TH COURT PLANTATION FL 33324	<input checked="" type="checkbox"/> DELETE	
TITLE PD	GARLICK, RON 8214 NW 8TH ST COURT PLANTATION FL 33324	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME Scott Lummet 1.3 STREET ADDRESS 3229 NW. 8th St. 1.4 CITY-ST-ZIP Plantation - FL - 33324
TITLE STD	JOHNSON, PRENTIS JR 8205 NW 9TH COURT PLANTATION FL 33324	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME ERICA Guterman 2.3 STREET ADDRESS 862 NW 81st. Way 2.4 CITY-ST-ZIP Plantation - FL - 33324
TITLE ATD	LOVELL, JOHN 855 NW 80TH TERRACE PLANTATION FL 33324	<input type="checkbox"/> DELETE	3.1 TITLE S/T/D 3.2 NAME PRENTIS H. JOHNSON JR. 3.3 STREET ADDRESS 8205 NW. 9th Court. 3.4 CITY-ST-ZIP Plantation - FL - 33324-1720
TITLE D	ANTON, TONY 844 NW. 81ST TERRACE PLANTATION FL 33324	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V/D 4.2 NAME John Lovell 4.3 STREET ADDRESS 855 NW 80th Terrace 4.4 CITY-ST-ZIP Plantation - FL - 33324
TITLE D	WOLF, STEVEN 864 NW 81ST WAY PLANTATION FL 33324	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Richard Caulfield 5.3 STREET ADDRESS 8247 NW. 9th Court 5.4 CITY-ST-ZIP Plantation - FL - 33324
			6.1 TITLE P/D 6.2 NAME Steven Wolf 6.3 STREET ADDRESS 864 NW 81st. Way 6.4 CITY-ST-ZIP Plantation - FL - 33324

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 another like empowered.

SIGNATURE: [Signature] DATE: 4-8-99 DAYTIME PHONE: 954-472-7203

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