

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:00

DOCUMENT # 743622 (3)

1. Corporation Name  
ISLAMORADA CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
700 WAVECREST AVENUE P.O. BOX 3603 INDIALANTIC FL 32903-0603

3. Date Incorporated or Qualified 07/18/1978  
3a. Date of Last Report 04/29/1994  
4. FEI Number 59-2672723  
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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
BOUMBOURAS, MARY  
700 WAVECREST ROAD AVE  
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent  
81 Name Rick Stow  
82 Street Address (P.O. Box Number is Not Acceptable) 700 WAVECREST AVE # 305  
83 IND  
84 City INDIALANTIC FL 85 Zip Code 32903

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 agent 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 *Rick Stow* Rick Stow - PRESIDENT 4/19/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GONZALEZ, ADELA 700 WAVECREST 201 INDIALANTIC FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RYAN, JIM 700 WAVECREST 205 INDIALANTIC FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BOUMBOURAS, MARY 700 WAVECREST 104 INDIALANTIC FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON LINDA 700 WAVECREST AVE 203 INDIALANTIC FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOW, RICK 700 WAVECREST AVE #305 INDIALANTIC FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	SP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	D DANNY CLARKY 700 WAVECREST AVE # 301 INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (if changed) of an attachment with an address.

SIGNATURE: *Rick Stow* Rick Stow 4/19/95 407-722-3131  
Signature, typed or printed name of signing officer or director Date (Daytime Phone #)

REMITTED BY MAY 1