

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 # 743622 (3)

1. Corporation Name

ISLAMORADA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

700 WAVECREST AVENUE
P.O. BOX 3603
INDIALANTIC FL 32903-0603

700 WAVECREST AVENUE
P.O. BOX 3603
INDIALANTIC FL 32903-0603

3. Date Incorporated or Qualified
07/18/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2672723

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOW, RICK
700 WAVECREST AVE., #305
INDIALANTIC FL 32903

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 with this filing)

Danny Clancy

04/16/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ADELA	
STREET ADDRESS	700 WAVECREST 201	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLANCY, DANNY	
STREET ADDRESS	700 WAVECREST AVE. #301	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BOUMBOURAS, MARY	
STREET ADDRESS	700 WAVECREST 104	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON LINDA	
STREET ADDRESS	700 WAVECREST AVE 203	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOW, RICK	
STREET ADDRESS	700 WAVECREST AVE #305	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>D President</i>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>D Vice President</i>
4.3 STREET ADDRESS	<i>Patty Dieck</i>
4.4 CITY-ST-ZIP	<i>700 Wavecrest Ave # 202 Indialantic, FL</i>
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 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, or on an attachment with an address

SIGNATURE:

Danny Clancy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/96

DATE

(409) 725-6742

Daytime Phone #

CR2E037 (12/95)