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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

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

Mailing Address

700 WAVECREST AVENUE
P.O. BOX 3603
INDIALANTIC FL 32903-32683. Date Incorporated or Qualified
07/18/19783a. Date of Last Report
04/24/19964. FEI Number
59-2672723Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DD~~ ☐ DELETENAME
GONZALEZ, ADELA
STREET ADDRESS
700 WAVECREST 201
CITY - ST - ZIP
INDIALANTIC FLTITLE ~~DP~~ ☒ DELETENAME
CLANCY, DANNY
STREET ADDRESS
700 WAVECREST AVE. #301
CITY - ST - ZIP
INDIALANTIC FLTITLE ~~DST~~ ☒ DELETENAME
BOUMBOURAS, MARY
STREET ADDRESS
700 WAVECREST 104
CITY - ST - ZIP
INDIALANTIC FLTITLE ~~DVP~~ ☐ DELETENAME
PATTY DIESER
STREET ADDRESS
700 WAVECREST AVE #202
CITY - ST - ZIP
INDIALANTIC FLTITLE ~~PD~~ ☐ DELETENAME
STOW, RICK
STREET ADDRESS
700 WAVECREST AVE #305
CITY - ST - ZIP
INDIALANTIC FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE VD ☐ Change ☒ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE SD ☐ Change ☒ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE D ☒ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

Date

Daytime Phone # 0019623

CR2E037 (9/96)