

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90288 008 \*\*\*\*61.25

**DOCUMENT # 743622**

1. Entity Name

**ISLAMORADA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**700 WAVECREST AVENUE  
INDIALANTIC FL 32903-0603**

Mailing Address

**ISLAMOPODA CONDO ASSO. INC.  
P O BOX 33603  
INDIALANTIC FL 32903**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**ISLAMORADA CONDO ASSO. INC.**

Suite, Apt. #, etc.

**P.O. BOX 33603**

City & State

**INDIALANTIC, FL**

Zip

**32903**

Country

**U.S.A.**

4. FEI Number **59-2672723**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIGNAZIO, RONALD V  
700 WAVECREST AVE - NO 301  
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	<del>DIGNAZIO, RONALD</del>	
STREET ADDRESS	<del>700 WAVECREST AVE, #301</del>	
CITY-ST-ZIP	<del>INDIALANTIC FL 32903</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKSON, EDWARD	
STREET ADDRESS	700 WAVECREST AVE., #203	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KARLSSON, CAROLINE	
STREET ADDRESS	700 WAVECREST AVE #101	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VT	<input type="checkbox"/> Delete
NAME	<del>BAGHDASSARIAN, JACK</del>	
STREET ADDRESS	<del>700 WAVECREST AVE, #203</del>	
CITY-ST-ZIP	<del>INDIALANTIC FL 32903</del>	
TITLE	TT	<input type="checkbox"/> Delete
NAME	EDMONDS, ROBERT	
STREET ADDRESS	700 WAVECREST AVE, #302	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGNAZIO, RONALD	
STREET ADDRESS	700 WAVECREST AVE, #301	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, EDWARD	
STREET ADDRESS	700 WAVECREST AVE, #203	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLSON, CAROLINE	
STREET ADDRESS	700 WAVECREST AVE, #101	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGHDASSARIAN, JACK	
STREET ADDRESS	700 WAVECREST AVE, #203	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**REQUIRED**

**January 6, 2003 (321) 984-3141**

CR2E037 (10/02)