


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90030 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 756738</b>					
1. Corporation Name <b>ISLANDIA EAST ASSOCIATION, INC.</b>					
Principal Place of Business <b>9500 S OCEAN DRIVE          JENSEN BCH FL 34957          US</b>			Mailing Address <b>C/O ISLANDIA II CONDOMINIUM ASSOC., INC.          9500 S. OCEAN DRIVE          JENSEN BEACH FL 34957</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/12/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2245771	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>EVANS, DARRELL</b> <b>9500 S OCEAN DR</b> <b>#203</b> <b>JENSEN EBACH FL 34957</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LOWENS, DAVID			1.2 NAME			
STREET ADDRESS	9500 S OCEAN DR., #1602			1.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WOLF, SHEILA			2.2 NAME			
STREET ADDRESS	9550 S OCEAN DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GIFFORD, BRENT			3.2 NAME			
STREET ADDRESS	9500 S OCEAN DR, #1510			3.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957			3.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STEVENS, DAVE			4.2 NAME			
STREET ADDRESS	9500 S OCEAN DR, PH3			4.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BCH. FL 34957			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAPTAIN, MIM			5.2 NAME			
STREET ADDRESS	9500 S OCEAN DR, 1206			5.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BCH FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Lowens

2-12-99

561 229 2802

Date

Daytime Phone

CR2E037 (11/98)