SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

APPROVED AND FILED
95 JUN 14 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **756749** **(8)**

1. Corporation Name
ISLANDIA I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9550 S. OCEAN DRIVE JENSEN BCH FL 34957	9550 S. OCEAN DRIVE JENSEN BCH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1981
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2245738 ☐ 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 ☐ **FILING FEE IS $61.25**
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MARTINA, LOUIS P JR.
1859 AVENIDA DRACAENA
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

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: Louis P. Martina Jr. DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President ☑ Change ☐ Addition
NAME	~~DILLON, WILLIAM A.~~	1.2 NAME	Allan Moses
STREET ADDRESS	~~9550 S. OCEAN DR. #1809~~	1.3 STREET ADDRESS	9550 S. Ocean Drive #1410
CITY-ST-ZIP	~~JENSEN BEACH FL~~	1.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	~~VPD~~	2.1 TITLE	V. President ☑ Change ☐ Addition
NAME	~~GOLDBERG, BORIS~~	2.2 NAME	Fred VanderPloeg
STREET ADDRESS	~~9550 S. OCEAN DR. #1506~~	2.3 STREET ADDRESS	9550 S. Ocean Drive #1006
CITY-ST-ZIP	~~JENSEN BEACH FL~~	2.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	~~SD~~	3.1 TITLE	Secretary ☐ Change ☑ Addition
NAME	~~ENGELHARDT, JOHN~~	3.2 NAME	Edward McKay
STREET ADDRESS	~~9550 S. OCEAN DR., STE. 903~~	3.3 STREET ADDRESS	9550 S. Ocean Drive #1007
CITY-ST-ZIP	~~JENSEN BEACH FL~~	3.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	TD	4.1 TITLE	Treasurer ☐ Change ☑ Addition
NAME	VANDERPLOEG, FRED	4.2 NAME	Robert Lind
STREET ADDRESS	9550 S. OCEAN DR., STE. 1006	4.3 STREET ADDRESS	9550 S. Ocean Drive #905
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	D	5.1 TITLE	Director ☐ Change ☑ Addition
NAME	MOSES, ALLAN	5.2 NAME	Jules Rosenfeld
STREET ADDRESS	9550 S. OCEAN DR., STE. 1410	5.3 STREET ADDRESS	9550 S. Ocean Drive #1409
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE		6.1 TITLE	$97/10 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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: [signature] 6/7/95 407-229-3591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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