FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 756749

(8)

	ISLAND	DIA I CON	DOMINIUM ASSOC	CIATION, INC.					
Principal Place of Business Mailing Address							1 SAMINI IMBAN MINIK MERIP SAMAN MEMIN	1 FBIF 45011 BIA74 BIB11 AL	III GIALI BIATI IARE
9550 S. OCEAN DRIVE 9550 S. OCEAN DRIVE JENSEN BCH FL 34957 JENSEN BCH FL 34957									
							3. Date Incorporated or Qualified 03/13/1981	3a. Date of Lat 06/14/	
-	2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Applied For
21	O by Asia (Cara)			26			59-2245738		Not Applicable
	Suite, Apt. i	, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		5 Additional
22	City & State			City 8 State				- Fee	Required
23				28			Election Campaign Financing Trust Fund Contribution		00 May Be
	Zip		Country	Zip	Countr	v		Add	ed to Fees
24	,	2	5	29	30	,	8. This corporation has liability for a Florida Statutes	ntangible tax under ☐ No	s. 199.032,
		9. Name and Address of Current Registered Agent			1221	10. Name and Address of New Registered Agent			
					8	Name			
	Martina, Louis P Jr. - 1859 Avenida dracaena					Street	Additions (P.O. Box Number is Not Acceptab	lo)	
-						3,000,7	WAR THE TO BOX HOMOET IS NOT ACCEPTED	ic)	
	JENSEN	BEACH FL	34957		83	1			
•					84	City		98	Zip Code
-	•				†	"			·
11	 Pursuant to or registere 	to the provision	ns of Sections 617,0502 a	and 617.1508, Florida Statu	tes, the above	named co	rporation submits this statement for the purp board of directors. I hereby accept the appo	pose of changing its	registered office
	, familiar wit	th, and accept	the obligations of Section	n 617.0503, Florida Statute	S.	oralion s	board or directors. Thereby addept the appo	ornment as registere	ed agent. I am
SI	GNATURE _	du	rio P ////	the Cha Lo	uis P.	Mar	tina, Jr. Manager	2/15/9	6
12	,	Signature typed or	printed name of registered agold at OFFICERS AND	77		nt synature re	squitte renstant g	DATE	
TIT		PD \	OFFICERS AND	DELETE	13.		ADDITIONS GHANGES TO OFF		
NAI	i	MOSES	ATTAN	Pjottere	12 NAME		Edward McKay	Change	☐ Addition
	REET ADDRESS		SCEAN DRIVE #1410			1 ADDRESS	9550 S. Ocean Drive	e #1007	
	Y - S1 - ZIP		BEACH FL 34957		14 CHY -			34957	
TIT		VD \	7	DELETE	2 1 TITLE	31 211	VP D	Change	Addition
NA	ME	VANDER	XOEG, FRED		2.2 NAME		Jules Rosenfeld		
STI	REET ADDRESS	9550 S. (DÒEAN DRIVE #1006		2 3 STREE	T ADDRESS	9550 S. Ocean Drive	e #1409	
ÇIT	Y-ST-ZIP	JENSEN	BEACH FL 34957		2 4 CITY			34957	
TIJ		S \	1	DELETE	3.1 TITLE		Secretary D	Change	☐ Addition
NA	ME]	MCKAŶ			3 2 NAME		Anna Rieff	-	
ŞT	REET ADDRESS		CEAN DRIVE #1007		3 3 STREE	T ADDRESS	9550 S. Ocean Drive	e #1206	ļ
	Y-ST-ZIP	JENSEN	BEACH FL 34957	<u></u>	3 4. CITY	ST-ZIP	Jensen Beach, FL 3	4957	
TέΓ	ł			DELETE	4.1 TITLE]	Treasurer 7	Change	Addition
NA	ME	LIND, RO			4 2 NAM		H. Robert Lind		
	REET ADDRESS		DCEAN DRIVE #905		4 3 STREE	T ADDRESS	9550 S. Ocean Drive	e #905	
	Y-ST-ZiP	JENSEN I			4.4 CITY -			21052	
TH			BEACH FL 34957	□ DELETE		ST-ZIP	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	34957	
P171		- \		DELETE	51 TITLE		Jensen Beach, FL Director D	S4 95 / Change	Add/tion
NAI	ME	ROSENFE	EKO, JULES	_	51 TITLE 52 NAME			S4 95 7 Change	☐ Add/tion
STR	ME REET ADDRESS	ROSENFE 9550 S	ELO, JULES OCEAN DRIVE #1409	_	51 TITLE 52 NAME 53 STREE	T ADDRESS	Director D	Change	☐ Addition
STE CIT	ME REET ADDRESS Y-ST-ZIP	ROSENFE 9550 S	EKO, JULES		51 TIFLE 52 NAME 53 STREE 54 CITY	T ADDRESS ST-ZIP	Director D Robert Wixson 9550 S. Ocean Driv Jensen Beach, FL	e #1107 3 4957	
STF CIT TITI	ME REET ADDRESS Y-ST-ZIP LE	ROSENFE 9550 S	ELO, JULES OCEAN DRIVE #1409	_	5 1 TIFLE 5 2 NAME 5 3 STREE 5 4 CITY - 6 1 TIFLE	T ADDRESS ST - ZIP	Director D Robert Wixson 9550 S. Ocean Driv Jensen Beach, FL 4000012	e #1107 34957 Change	
STF CIT TITI NAI	ME REET ADDRESS Y-ST-ZIP LE	ROSENFE 9550 S	ELO, JULES OCEAN DRIVE #1409		51 TITLE 52 NAME 53 STREE 54 CITY- 61 TITLE 62 NAME	T ADDRESS ST - ZIP	Director D Robert Wixson 9550 S. Ocean Driv	e #1107 34957 Change	

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:

Edward McKay President 3/5/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone I