SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jul 25 1997 8:00am
Secretary of State

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: 03/28/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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: HARRY CLARK
82 Street Address (P.O. Box Number Is Not Acceptable): 240 S.W. MARATHON AVE
83
84 City: PT. ST. LUCIE FL 85 Zip Code: 34953

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 _____ 7/21/97
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	PD	☐ DELETE	1.1 TITLE	SEC/TREAS	☐ Change ☒ Addition
NAME	MCKAY, EDWARD		1.2 NAME	NANCY VALLEJO	
STREET ADDRESS	9550 S. OCEAN DRIVE #1007		1.3 STREET ADDRESS	9550 So. OCEAN DR #1104	
CITY-ST-ZIP	JENSEN BEACH FL 34957		1.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	~~VPD~~	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ROSENFELD, JULES		2.2 NAME	TOM PASTOR	
STREET ADDRESS	950 S. OCEAN DRIVE #1409		2.3 STREET ADDRESS	9550 So. OCEAN DR. #709	
CITY-ST-ZIP	JENSEN BEACH FL 34957		2.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	RIEFE, ANNA		3.2 NAME		
STREET ADDRESS	9550 S. OCEAN DRIVE #1206		3.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		3.4 CITY-ST-ZIP		
TITLE	~~VP~~	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LIND, H. ROBERT		4.2 NAME		
STREET ADDRESS	9550 S. OCEAN DRIVE #905		4.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WIXSON, ROBERT		5.2 NAME		
STREET ADDRESS	9550 S. OCEAN DRIVE #1107		5.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

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 REQUIRED~~ 7/21/97 561 229 3591