FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State * DIVISION OF CORPORATIONS

DOCUMENT #

756749

(8)

ISLANDIA I CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business Mailing Address					i inalife instal dittin ditte inden täte nigen seite sent	// 81914 61914 61811 65911 1891
9550 S. OCEAN DRIVE JENSEN BCH FL 34957		9550 S. OCEAN DRIVE JENSEN BCH FL 34957		3. Date Incorporated or Qualified 03/13/1981 4. FEI Number	Applied For	
2. Principal Pi	ace of Business	2a. Mailing Address	~~~		59-2245738	Not Applicable \$8.75 Additional
26				5. Certificate of Status Desired	Fee Required	
Suite, Ap1. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		City & State		Trust Fund Contribution	Added to Fees	
City & State		28		7. Is this nonprofit corporation a homeowners association?		
23] Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the curr	
24	25	29	30		Personal Property Tax due June 30.	Yes 🗶 No
	9. Name and Address of Current	l Registered Agent			10. Name and Address of New Registered /	Agent
			81	Name		
CLARK, HARRY				Street A	ddress (P.O. Box Number is Not Acceptable)	
240 SW MARATHON AVE			83			
PT. ST L	.UCIE FL 34953					
			84	City	FL	85 Zip Code
11. Pursuant office or reagent. I as	to the provisions of Sections 617.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida Statut of Florida Such change was ations of, Section 617.0503, Fl	es, the aborauthorized to	re-named or by the corposis.	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE .	Signature, typed or printed name of registered agor			ent signature i	required when reinstating) DATE	
12.	OFFICERS AND		13.	-	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE	PD	DELETE	1.1 TITLE			Citalitye L Audilion
NAME	MCKAY, EDWARD	,	1.2 NAME			
STREET ADDRESS	9550 S. OCEAN DRIVE #1007 JENSEN BEACH FL 34957	'	1.3 STREE	T ADDRESS		
CITY-ST-ZIP TITLE	ST DELETE		2.1 TITLE	51-ZIF		Change Addition
NAME	VALLEJO, NANCY		22 NAME			
STREET ADDRESS	9550 S OCEAN DR., #1104			T ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		2 4 CITY		•	
TITLE	D	DELETE	3.1 TITLE		VP	Change Addition
NAME	PASTOR, TOM		3.2 NAME		PASTOR, TOM	•
STREET ADDRESS	9550 S OCEAN DR., #709		3.3 STRE	T ADDRESS	9550 S Ocean Drive #70	9
CITY-ST-ZIP	JENSEN BEACH FL		3.4. CITY	-ST-ZIP	Jensen Beach, FL 34957	
TITLE	VP	⋈ DELETE	4.1 TITLE	İ	D	Change M Addition
NAME	LIND, H. ROBERT		4. 2 NAM	:	Jack Hargedon_	
STREET ADDRESS	9550 S. OCEAN DRIVE #905		4.3 STRE	T ADDRESS	9550 S Ocean Drive #170	
CITY-ST-ZIP	JENSEN BEACH FL	Moriera	4.4 CITY		Jensen Beach, FL 34957	Change & Addition
TITLE	D	DELETE	5.1 TITLE		D	C Change K Nouthon
NAME	WIXSON, ROBERT	_	5.2 NAM		Gregory Power	•
STREET ADDRESS	9550 S. OCEAN DRIVE #1107	<i>!</i>		T ADDRESS	9550 S Ocean Drive #60	3
CITY-ST-ZIP	JENSEN BEACH FL 34957	DELETE	5.4 CITY		Jensen Beach, FL 34957	Change . Addition
TITLE		רין טבננוב	6.1 TATLE			onunge \$\(\frac{1}{2}\) mention
NAME			6.2 NAMI	T ADDRESS		
STREET ADDRESS	}		0.3 5 IKB	1 MUUNE 30		

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 of 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 chanced in on an attachment with an address.

FILED

May 19 1998 8:00am

Secretary of State