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Jul 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N00334 (5)

1. Corporation Name

ISLAND WAY ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 4083 TEQUESTA FL 33469 US	PO BOX 4083 TEQUESTA FL 33469 9998 US

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 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified	3a. Date of Last Report
12/13/1983	02/12/1996

4. FEI Number: 59-2670276 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~REIFFER DONALD R.~~
~~9388 SE ISLAND PL~~
~~TEQUESTA FL 33469~~

10. Name and Address of New Registered Agent

81 Name: MICHAEL A. HELFANT
82 Street Address (P.O. Box Number is Not Acceptable): 9328 ISLAND PL
83
84 City: TEQUESTA FL **FL** 85 Zip Code: 33469

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: Michael A. Helfant
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		☐ Change ☐ Addition
NAME	FRANKLIN, DOUG		1.2 NAME		
STREET ADDRESS	9468 SE ISLAND PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 CITY-ST-ZIP		
TITLE	~~TD~~	☒ DELETE	2.1 TITLE	V.P.D	☐ Change ☒ Addition
NAME	~~REIFFER, DONALD~~		2.2 NAME	MICHAEL A HELFANT	
STREET ADDRESS	~~9388 SE ISLAND PL~~		2.3 STREET ADDRESS	9328 ISLAND PLACE	
CITY-ST-ZIP	~~TEQUESTA FL 33469~~		2.4 CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	~~VP~~	☐ DELETE	3.1 TITLE	T.D.	☐ Change ☒ Addition
NAME	~~FRANKLIN DOUGLAS~~		3.2 NAME	ASA SMITH	
STREET ADDRESS	~~9468 SE ISLAND PL~~		3.3 STREET ADDRESS	9468 ISLAND PLACE	
CITY-ST-ZIP	~~TEQUESTA FL 33469~~		3.4 CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	~~VP~~	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~MENEXIS, MICHAEL~~		4.2 NAME		
STREET ADDRESS	~~9368 S.E. ISLAND PLACE~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~TEQUESTA FL 33469~~		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

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.

Michael A. Helfant 4/26/97

CR2E037 (9/96)