SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 23 1998 8:00am
Secretary of State

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 US

3. Date Incorporated or Qualified: 12/13/1983

4. FEI Number: 59-2670276 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P. O. Box 4142	26 P.O. Box 4142
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tequesta, FL	28 City & State: Tequesta, FL
24 Zip: 33469 25 Country: USA	29 Zip: 33469 30 Country

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. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

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

PEIFFER DONALD R.
9388 SE ISLAND PL
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name: MARK B. GRIFFIN
82 Street Address (P.O. Box Number Is Not Acceptable): 9408 S.E. Island Place
83
84 City: Tequesta 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: Mark B Griffin V.P. DATE: 7-18-98
Signature, typed 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	☑ DELETE	1.1 TITLE	V.P. / Director	☐ Change ☑ Addition
NAME	FRANKLIN, DOUG		1.2 NAME	MARK GRIFFIN	
STREET ADDRESS	9468 SE ISLAND PL		1.3 STREET ADDRESS	9408 S.E. Island Place	
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	VPD	☑ DELETE	2.1 TITLE	Charles Brown Sec./Treas	☐ Change ☑ Addition
NAME	HELFANT, MICHAEL		2.2 NAME	9348 SE Island Place	
STREET ADDRESS	9328 ISLAND PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		2.4 CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	TD	☐ DELETE	3.1 TITLE	President / Director	☑ Change ☐ Addition
NAME	SMITH, ASA		3.2 NAME		
STREET ADDRESS	9448 ISLAND PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E037 (5/98)

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 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: Mark B Griffin MARK B GRIFFIN 7-18-98 561-743-5503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #