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**

DOCUMENT # N00334

(5)

ISLAND WAY ESTATES PROPERTY OWNERS ASSOCIATION.

Principal Place of Business Mailing Address PO BOX 4063 PO BOX 4083 TEQUESTA FL 33469 **TEQUESTA FL 33469**

FILED Jul 23 1998 8:00am Secretary of State



3. Date Incorporated or Qualified

12/13/1983

Surice of Business 2a. Mailing Address
Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State Country Zip Zip Country Zip Country Zip Country Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi
Trust Fund Contribution Added to Fees City & State City & State City & State Country Zip Zip
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28 CQUESTA, FUND Country 28 CQUESTA, FUND Country 29 33469 Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent PEIFFER DONALD R. 9388 SE BLAND PL TEQUESTA R. 33469 11. Pursuant to the provisions of sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I have been replicative to the provision of section of the purpose of changing its registered agent. I have been replicative to the provision of section of the purpose of changing its registered agent. I have been replicative to the provision of section of the purpose of changing its registered agent. I have been replicative to the purpose of changing its registered agent. I have been replicative to the purpose of changing its registered agent. I have been replicative to the purpose of changing its registered agent. I have been replicative to the purpose of changing its registered agent. I have been replicative for the purpose of changing its registered agent. I have been replicative for the purpose of changing its registered agent. I have been replicative for the purpose of changing its registered agent. I have been remarked corporation submits this statement for the purpose of changing its registered agent. I have been remarked corporation submits this statement for the purpose of changing its registered agent. I have been remarked corporation submits this statement for the purpose of changing its registered agent. I have been remarked to the purpose of changing its registered agent and the if applicable. SIGNATURE Signature, typed or printed agent and the if applicable. (NOTE: Registered Agent agreeture required when reinstating) DATE Change Waddition Change Waddition Change Waddition
PEIFFER DONALD R. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAK B. GRIFIN 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 83 City 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 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 appointment as registered agent. Signature, typed or printed name of registaried spent and the if applicable. SIGNATURE Signature, typed or printed name of registaried Spent and the if applicable. (NOTE: Registered Agent agent agent and the if applicable. (NOTE: Registered Agent agent agent and the if applicable. TITLE PD Change Addition Change Addition
PEIFFER DONALD R. 9388 SE ISLAND PL TEQUESTA A 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 agent. I am familiar with and accept the abigations of section 617.0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD 11. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name WAKE B. GRIFFIN 82 Street Address (P.O. 80x Number is Not Acceptable). 83 44 City CAUCSTA FL 85 Zip Code 93 45 City CAUCSTA FL 85 Zip Code 93 11. Name and Address of New Registered Agent 84 Name 85 City CAUCSTA FL 85 Zip Code 93 94 11. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. 80x Number is Not Acceptable). 83 44 City CAUCSTA FL 85 Zip Code 93 94 12. OFFICERS AND DIRECTORS IN 12 TITLE PD Change Addition
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STREET ADDRESS 9488 SE ISLAND PL 1.3 STREET ADDRESS 9408 S.E. ISLAND PL
TILE VPD DELETE 2.1 TITLE Charles From Sec. Tree Change Addition
NAME HELFANT, MICHAEL 22 NAME 9348 SE ISLAND. PLACE
STREET ADDRESS \$328 SLAND PLACE 2.3 STREET ADDRESS
CHYSTZIP TEQUESTA FL 24 CHYSTZIP TEQUESTA, FC 33449
TITLE TO DELETE 3.1 TITLE PRESIDENT / Overtier Change Addition
NAME SMITH, ASA 32 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
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STREET ADDRESS 63 STREET ADDRESS
6.4. CITY-ST-ZIP 6.4. 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
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119 07/3VI). Floride 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 eath; 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 attackment with an address.