

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 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 # N29938 (0)

1. Corporation Name

ISLAND IN THE GROVE HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business Mailing Address  
5160 W. WOOLBRIGHT RD 5160 W. WOOLBRIGHT RD  
2900 NORTH MILITARY TRAIL, SUITE 201-S 2900 NORTH MILITARY TRAIL, SUITE 201-S  
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437-1602  
US US

3. Date Incorporated or Qualified 12/29/1988 3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address  
21 11500 EL CLAIR RANCH RD 26 11500 EL CLAIR RANCH RD  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Boynton Beach FL 28 Boynton Beach, FL  
Zip Country Zip Country  
24 33437 25 Palm Beach 29 33437 30 Palm Beach

4. FEI Number 65-0102798 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 [x] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, ALVIN  
11500 EL CLAIR RANCH ROAD  
BOYNTON BEACH FL 33437

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE PD [ ] DELETE  
NAME MUFSON, ROBERT  
STREET ADDRESS 7015 MANDARIN DR  
CITY-ST-ZIP BOCA RATON FL  
TITLE VTD [ ] DELETE  
NAME GREENBERG, LEONARD E.  
STREET ADDRESS 11500 EL CLAIR RANCH RD  
CITY-ST-ZIP BOYNTON BEACH FL  
TITLE SD [ ] DELETE  
NAME KAPLAN, ALVIN  
STREET ADDRESS 11500 EL CLAIR RANCH ROAD  
CITY-ST-ZIP BOYNTON BEACH FL  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME Leonard E. Greenberg  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE: Leonard E. Greenberg 1/27/97 (561) 737-5505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042517

CR2E037 (9/96)