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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 # N40414 (7)  
1. Corporation Name  
1000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business: 1000 ISLAND BLVD NORTH MIAMI BCH FL 33160  
Mailing Address: 1000 ISLAND BLVD NORTH MIAMI BCH FL 33160

3. Date Incorporated or Qualified: 10/19/1990  
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 65-0225762 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  
MARSHALL, KEITH M ESQ.  
18301 BISCAYNE, BLVD.  
GREAT WESTERN BANK BLDG. 2ND FLOOR  
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent  
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: *Keith M. Marshall* Keith M. Marshall, Esq. 1/27/97  
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, ARTHUR	
STREET ADDRESS	1000 ISLAND BLVD. 512	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEISS, JUNE	
STREET ADDRESS	1000 ISLAND BLVD #608	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, TED	
STREET ADDRESS	1000 ISLAND BLVD #3007	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURTON, RICHARD	
STREET ADDRESS	1000 ISLAND BLVD SUITE 1109	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEUTSCH, MORT	
STREET ADDRESS	1000 ISLAND BLVD #2003	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHAPLEY, HARVEY	
STREET ADDRESS	1000 ISLAND BLVD #3106	
CITY-ST-ZIP	N MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Zern, Leo	
1.3 STREET ADDRESS	1000 Island Boulevard #2302	
1.4 CITY-ST-ZIP	N Miami Beach FL 33160	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Katz, Hyman	
3.3 STREET ADDRESS	1000 Island Boulevard #403	
3.4 CITY-ST-ZIP	N Miami Beach, FL 33160	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mort Deutsch* MORT DEUTSCH, PRES. 1/27/97 305.937.1991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076849

CR2E037 (9/96)