

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N43591 (9)**

1. Corporation Name

**ISLAMORADA AT CORAL BAY VILLAGE ASSOCIATION, INC**



Principal Place of Business

Mailing Address

**3141 VISTA DEL MAR  
MARGATE FL 33063  
US**

**3141 VISTA DEL MAR  
MARGATE FL 33063  
US**

3. Date Incorporated or Qualified

**05/23/1991**

3a. Date of Last Report

**03/29/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**2001 W. Sample Rd.**

4. FEI Number

**65-0404359**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

**Suite 305**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

**Pompano Beach, Fl**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

**33064**

30

**Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**URBANOWSKI, PAT  
3141 VISTA DEL MAR  
MARGATE FL 33063**

81 Name

**Howard Torn**

82 Street Address (P.O. Box Number is Not Acceptable)

**2001 W. Sample Road, Suite 305**

83

84 City

**Pompano Beach**

**FL**

85 Zip Code

**33064**

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

**Howard Torn S/T**

**5/10/96**

(Signature, typed or printed name of registered agent; and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRAUSE, HOWARD</b>	
STREET ADDRESS	<b>3141 VISTA DEL MAR</b>	
CITY - ST - ZIP	<b>MARGATE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LABRADOR, YANIK</b>	
STREET ADDRESS	<b>3141 VISTA DEL MAR</b>	
CITY - ST - ZIP	<b>MARGATE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>URBANOWSKI, PAT</b>	
STREET ADDRESS	<b>6578 BUENA VISTA DR.</b>	
CITY - ST - ZIP	<b>MARGATE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>D-D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>E. Ruth Smith</b>	
1.3 STREET ADDRESS	<b>2001 W. Sample Road, Suite 305</b>	
1.4 CITY - ST - ZIP	<b>Pompano Beach, FL 33064</b>	
2.1 TITLE	<b>VP D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Charles Mishner</b>	
2.3 STREET ADDRESS	<b>2001 W. Sample Road, Suite 305</b>	
2.4 CITY - ST - ZIP	<b>Pompano Beach, FL 33064</b>	
3.1 TITLE	<b>S/T D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Howard Torn</b>	
3.3 STREET ADDRESS	<b>2001 W. Sample Road, Suite 305</b>	
3.4 CITY - ST - ZIP	<b>Pompano Beach, FL 33064</b>	
4.1 TITLE		<input 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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Howard Torn**

**5/10/96**

**954 974-0060**

Date

Daytime Phone #

CR2E037 (12/95)