

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90142 019 ****61.25

0038541

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43591 OK

1. Corporation Name
ISLAMORADA AT CORAL BAY VILLAGE ASSOCIATION, INC

Principal Place of Business
C/O ALLIANCE PROPERTY SYSTEMS
7101 W COMMERCIAL BLVD., STE. 4-A
FT. LAUDERDALE FL 33319
US

Mailing Address
P.O. BOX 26478 (RD) *Removed*
FT. LAUDERDALE FL 33320-6478



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/23/1991
22	City & State	City & State	4. FEI Number
	Zip	Zip	65-0404359
23	Country	Country	Applied For
			Not Applicable
24	5. Certificate of Status Desired	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEINSTEIN, RICHARD 3218 W. BUENA VISTA DR MARGATE FL 33063	81 Name ROBERT E JOHNSON
	82 Street Address (P.O. Box Number is Not Acceptable) 3258 W BUENA VISTA DRIVE
	83
	84 City MARGATE
	85 Zip Code FL 33063

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: *Robert E Johnson* Robert E Johnson, President DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINSTEIN, RICHARD	1.2 NAME	JEFFREY C MARCHUCK
STREET ADDRESS	3218 W. BUENA VISTA DR.	1.3 STREET ADDRESS	3275 W BUENA VISTA DR
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP	MARGATE FL 33063
TITLE	DST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOEMAKER, SARAH S	2.2 NAME	RONNIE NOSS
STREET ADDRESS	3298 W. BUENA VISTA DR.	2.3 STREET ADDRESS	6773 SALTAIRE TERRACE
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	MARGATE FL 33063
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYRRELL, TODD	3.2 NAME	ROBERT E JOHNSON
STREET ADDRESS	3186 W. BUENA VISTA DR.	3.3 STREET ADDRESS	3258 W BUENA VISTA DR
CITY-ST-ZIP	MARGATE FL 33063	3.4 CITY-ST-ZIP	MARGATE FL 33063
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: *Robert E Johnson* Robert E Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/198)