NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

33320-6478 30 BRWARD

DOCUMENT # N43591 *

1. Corporation Name

Zip :

Country

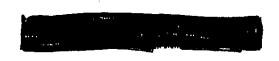
9. Name and Address of Current Registered Agent

25

ISLAMORADA AT CORAL BAY V	LAGE 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) FT. LAUDERDALE FL 33320-6478			
Principal Place of Business 21	2a. Mailing Address 26 P. O. Box 26478			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			

Apr 26, 1999 8:00 am Secretary of State

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



Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed 05/23/1991 4. FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

65-0404359

•		81 Name ROB	BERT E JOHNSON	•	
WEINSTEI	N, RICHARD		Address (P.O. Box Number is Not Acceptable)		
	JUENA VISTA DR	·	OR M ROENA VISTA DRIVE		
MARGATE		83			
		84 City		85 Zip C	ode
•		MARC			
office or r	to the provisions of Sections 617.0502 and 617.1508, Florida Statutes egistered agent, or both, in the State of Florida. Such change was aut in familiar with and accept the obligations of, Section 617.0503, Florid	inonzed by the corp da Statutes.	oration's board of directors. I hereby accept the app	of changing its r pointment as reg	egistered istered
SIGNATURE !			nson, President		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE:)	Registered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
12.	OFFICERS AND DIRECTORS		DT	Change	Addition
TITLE	DP DELETE	1.1 TITLE	JEFFREY C MARCHUCK		W
NAME	WEINSTEIN, RICHARD	1.2 NAME	3275 M DILENA VICTA DD		
STREET ADDRESS	3218 W. BUENA VISTA DR.	1.3 STREET ADDRESS	MARGATE FL 33063	•	
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE .	DST DELETE	2.1 TITLE	DS RONNIE NOSS	☐ Change	Of vocation
NAME	SHOEMAKER, SARAH S	22 NAME	6772 CALMATER WEDDACE		
STREET ADDRESS	3298 W. BUENA VISTA DR.	2.3 STREET ADDRESS	MARGATE FL 33063		
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP		Change	Ed Addition
TITLE	D X DELETE	3.1 TITLE	DP	☐ Change	Addition
NAME	TYRRELL, TODD	3.2 NAME	ROBERT E JOHNSON		
STREET ADDRESS	3186 W. BUENA VISTA DR.	3.3 STREET ADDRESS			
CITY-ST-ZiP	MARGATE FL 33063	3.4, CITY-ST-ZIP	MARGATE FL 33063		
TITLE	☐ DELETE	4.1 TITLE	ļ	Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1	Char	☐ Addition
TITLE	☐ DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			=
STREET ADDRESS		5.3 STREET ADDRESS	3		
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TILE		Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS	5		
		64 CITY-ST-7IP			

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 entiress, with all other like empowered.

SIGNATURE: x

REQUIRED Robert E Johnson