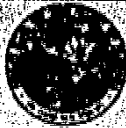


FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandhi B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 13 AM 11:19

DOCUMENT # N00334 (5)

1. Corporation Name

**ISLAND WAY ESTATES PROPERTY OWNERS ASSOCIATION,
INC.**

Principal Place of Business

9288 SE ISLAND PL
P O BOX 3408
TEQUESTA FL 33469
US

Mailing Address

9388 SE ISLAND PL
TEQUESTA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1983

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2670276

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 PO Box 4083

Suite, Apt. #, etc.

2a. Mailing Address

25 PO Box 4083

Suite, Apt. #, etc.

City & State

23 Tequesta, Florida

City & State

28 TEQUESTA, FLORIDA

Zip

Country

24 33469

Zip

Country

29 33469

9. Name and Address of Current Registered Agent

**PEIFFER DONALD R.
9388 SE ISLAND PL
TEQUESTA FL 33469**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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
NAME HELPINT, MICNEAL
STREET ADDRESS 9328 SE ISLAND PL
CITY-ST-ZIP TEQUESTA FL 33469

TITLE TD
NAME PEIFFER, DONALD
STREET ADDRESS 9388 SE ISLAND PL
CITY-ST-ZIP TEQUESTA FL 33469

TITLE VP
NAME FRANKLIN DOUGLAS
STREET ADDRESS 9488 SE ISLAND PL
CITY-ST-ZIP TEQUESTA FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Donald R. Peiffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-95
Date

407-746-8079
Daytime Phone #