

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 # N00334 (5)

1. Corporation Name

ISLAND WAY ESTATES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

PO BOX 4083
TEQUESTA FL 33469
US

Mailing Address

PO BOX 4083
TEQUESTA FL
US

3. Date Incorporated or Qualified
12/13/1983

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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**

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **HELPINT, MONEAL**
STREET ADDRESS **9328 SE ISLAND PL**
CITY - ST - ZIP **TEQUESTA FL 33469**

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

TITLE **VP** ☐ DELETE
NAME **FRANKLIN DOUGLAS**
STREET ADDRESS **9468 SE ISLAND PL**
CITY - ST - ZIP **TEQUESTA FL 33469**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **DOUG FRANKLIN**
1.3 STREET ADDRESS **9468 S.E. ISLAND PLACE**
1.4 CITY - ST - ZIP **TEQUESTA, FL 33469**

2.1 TITLE **TREAS.** ☐ Change ☐ Addition
2.2 NAME **DONALD R. PEIFFER**
2.3 STREET ADDRESS **9388 S.E. ISLAND PL.**
2.4 CITY - ST - ZIP **TEQUESTA, FL 33469**

3.1 TITLE **VICE PRESIDENT** ☒ Change ☒ Addition
3.2 NAME **MICHAEL MENEXIS**
3.3 STREET ADDRESS **9368 S.E. ISLAND PLACE**
3.4 CITY - ST - ZIP **TEQUESTA, FL 33469**

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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96

467-746-8079

CR2E037 (12/95)