

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90027 004 ****61.25

UDS3654

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N01411

1. Corporation Name

ISLA KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

118 PINELLAS BAYWAY
TIERRA VERDE FL 33715
US

Mailing Address

118 PINELLAS BAYWAY
TIERRA VERDE FL 33715
US



2. Principal Place of Business

21 6025 SUN BLVD.

2a. Mailing Address

26 6025 SUN BLVD.

3. Date Incorporated or Qualified

02/03/1984

Suite, Apt. #, etc.

22 SUITE 202

Suite, Apt. #, etc.

27 SUITE 202

4. FEI Number

59-2562971

Applied For

Not Applicable

City & State

23 ST. PETERSBURG, FL.

City & State

28 ST. PETERSBURG, FL.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 33715 25 PINELLAS

Zip Country

29 33715 30 PINELLAS

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DOROTHY THOMAS
RESOURCE PROPERTY MANAGEMENT
118 PINELLAS BAYWAY
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name

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

6025 SUN BLVD.

83

SUITE 202

84

ST. PETERSBURG

FL

85 Zip Code

33715

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

Dorothy Thomas

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

(NOTE: Registered Agent signature required when reinstating)

1/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME VPD
BIGLER, DICK
STREET ADDRESS 5279 ISLA KEY BLVD #314
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE DELETE

NAME CAMERON, ROBERT
STREET ADDRESS 5155 ISLA KEY BLVD #101
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE DELETE

NAME TD
CASEY, GEN
STREET ADDRESS 5155 ISLA KEY BLVD., #403
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DELETE

NAME PD
HUESTON, ROBERT
STREET ADDRESS 5277 ISLA KEY BLVD #220
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE DELETE

NAME SD
RUFY, WILLIAM
STREET ADDRESS 5279 ISLA KEY BLVD., #315
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE DELETE

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 D CAMERON, ROBERT
2.3 STREET ADDRESS 5155 ISLA KEY BLVD. #101
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33715

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 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: *Richard Bigler* SIGNATURE REQUIRED R D BIGLER 1/12/99 866-0894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)