

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01411

Entity Name: ISLA KEY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5901 SUN BLVD
STE 103
ST. PETERSBURG, FL 33715**Current Mailing Address:**5901 SUN BLVD
STE 103
ST. PETERSBURG, FL 33715 US**FEI Number:** 59-2562971**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RABIN & PARKER, P.A.
28163 US HYW 19, NORTH
SUITE 207
CLEARWATER, FL 33761 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	RANDAZZO, BOB
Address	5901 SUN BLVD STE 103
City-State-Zip:	ST. PETERSBURG FL 33715

Title	VP
Name	MARGRAFF, THOMAS
Address	5901 SUN BLVD STE 103
City-State-Zip:	ST. PETERSBURG FL 33715

Title	DIRECTOR
Name	GOLDMAN, PHIL
Address	5901 SUN BLVD STE 103
City-State-Zip:	ST. PETERSBURG FL 33715

Title	TREASURER
Name	MARTIN, STAN A
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	SECRETARY
Name	MARGRAFF, TOM
Address	5901 SUN BLVD STE 103
City-State-Zip:	ST. PETERSBURG FL 33715

Title	DIRECTOR
Name	WARREN, DAVID
Address	5901 SUN BLVD STE 103
City-State-Zip:	ST. PETERSBURG FL 33715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOB RANDAZZO**PRESIDENT****04/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date