

# 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 # 713562 (7)**

1. Corporation Name  
**ISLAND HOUSE SOUTHEAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**300 BEACH ROAD      300 BEACH ROAD**  
**TEQUESTA FL 33469      TEQUESTA FL 33469**

3. Date Incorporated or Qualified: **11/01/1967**      3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1211801</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
22. City & State	27. City & State		
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CONTE, DONALD**  
**300 BEACH RD**  
**TEQUESTA FL 33469**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code
<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <i>President</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTE, RONALD	1.2 NAME	
STREET ADDRESS	300 BEACH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>DIX, ERNEST</del>	2.2 NAME	<i>Appel, Paul</i>
STREET ADDRESS	<del>300 BEACH RD</del>	2.3 STREET ADDRESS	<i>300 Beach Rd.</i>
CITY-ST-ZIP	<del>TEQUESTA, FL 00000</del>	2.4 CITY-ST-ZIP	<i>Tequesta, FL 33469</i>
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>FIRGO, JAMES</del>	3.2 NAME	<i>SD Fingo, Jane</i>
STREET ADDRESS	<del>300 BEACH RD</del>	3.3 STREET ADDRESS	<i>300 Beach Rd.</i>
CITY-ST-ZIP	<del>TEQUESTA, FL 00000</del>	3.4 CITY-ST-ZIP	<i>Tequesta, FL 33469</i> <i>Secretary</i>
TITLE	VPD <i>vice president</i> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTE, DONALD	4.2 NAME	
STREET ADDRESS	300 BEACH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELY, ROSEANN	5.2 NAME	
STREET ADDRESS	300 BEACH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL <i>Treasurer</i>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Roseann Lovely*      Date: *4-1-96*      Daytime Phone #: *407-575-3551*

CR2E037 (12/95)