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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

ISLAND HOUSE SOUTHEAST CONDOMINIUM ASSOCIATION, INC.

FILED May 01 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address			1 188111 16861 11888 11681 81118 81118 1		
300 BEACH ROAD TEQUESTA FL 33469		300 BEACH ROAD TEQUESTA FL 33469-2868					
					3. Date Incorporated or Qualified 11/01/1967	3a. Date of Las 04/10/1	Report 996
2. Principal Place of Business		2a. Mailing Address	26		59-1211801 Not App		Applied For
							Not Applicable
Suite, Apt. #.	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 "	Additional Required
City & State		City & State			6. Election Campaign Financing		May Be
3		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	<i>y</i>	8. This corporation has tiability for		
4	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of C	current Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered Agent	
			81	Name			
CONTE, D 300 BEAC			82 Street Address (P.O. Box Number is Not Acceptable)				
	A FL 33469		83				
	•		84	City		85 Z	p Code
				, ,		FL *	
	n familiar with, and accept the	State of Florida. Such change was a obligations of, Section 617.0503, Fk	orida Statute	· .			
SIGNATUREs	Signature, typed or printed name of registe	ered agent and title if applicable. (NOT	FE: Registered Ag		required when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registe					DATE	ORS IN 12
SIGNATURE S	Signature, typed or printed name of registe OFFICER P	ered agent and title if applicable. (NOT RS AND DIFECTORS	FE: Registered Ag		required when reinstating)	DATE CERS AND DIRECT	ORS IN 12
SIGNATURES 12. TITLE NAME	Signature, typed or printed name of registe OFFICER	ered agent and title if applicable. (NOT RS AND DIFECTORS	13. 1.1 TITLE		required when reinstating)	DATE CERS AND DIRECT	ORS IN 12
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Annual report by supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name 13 if changed, or on an attachment with an address. information indicated of this I am an officer or director of appears in Block 12 or Bloo

Daytime Phone # 0044296