

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713562 (7)

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



Principal Place of Business 300 BEACH ROAD TEQUESTA FL 33469	Mailing Address 300 BEACH ROAD TEQUESTA FL 33469
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3. Date Incorporated or Qualified
11/01/1967

4. FEI Number
59-1211801

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CONTE, DONALD
300 BEACH RD
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIX, EARNE	2.2 NAME	BERARD, PAUL
STREET ADDRESS	300 BEACH ROAD	2.3 STREET ADDRESS	300 BEACH ROAD
CITY-ST-ZIP	TEQUESTA FL 33469	2.4 CITY-ST-ZIP	TEQUESTA, FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	3.2 NAME	
STREET ADDRESS	FINGO, JANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	300 BEACH RD	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	4.2 NAME	
STREET ADDRESS	CONTE, DONALD	4.3 STREET ADDRESS	
CITY-ST-ZIP	300 BEACH RD	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	5.2 NAME	
STREET ADDRESS	LOVELY, ROSEANN	5.3 STREET ADDRESS	
CITY-ST-ZIP	300 BEACH ROAD	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 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.

SIGNATURE: *Donna M. P. Suddeth* *RoseAnn* *3/10/98* *561-575-3551*

CR2E037 (10/97)