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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725421 (2)
1. Corporation Name
ISLAND VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2135 N COURTENAY PARKWAY MERRITT ISLAND FL 32953	Mailing Address 2135 N COURTENAY PARKWAY MERRITT ISLAND FL 32953-4261
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3. Date Incorporated or Qualified 01/29/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1558005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**DAVIS, PETEY
1980 N. ATLANTIC AVENUE
#701
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	ELTON WHALEY
STREET ADDRESS	2135 N COURTENAY PKWY C220
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FAGLEY, BONNIE
STREET ADDRESS	2135 N COURTENAY PKWY A101
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JAMES GROWLEY
STREET ADDRESS	F148 2235 N COURTENAY PKWY
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSEMARY HOFBAUER
STREET ADDRESS	2135 N COURTENAY PKWY
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HUDSON, JAMES
STREET ADDRESS	2135 N COURTENAY PKWY B117
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	LEWIS, VICKI
STREET ADDRESS	2135 N COURTENAY PKWY C119
CITY-ST-ZIP	MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	F/D MARKS, MORT
1.3 STREET ADDRESS	2135 N. Courtenay Pkwy #228
1.4 CITY-ST-ZIP	Merritt Island, FL 32953
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	F/D FAGLEY, BONNIE
2.3 STREET ADDRESS	2135 N. Courtenay Pkwy #4101
2.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GROWLEY, JAMES
3.3 STREET ADDRESS	2135 N. COURTENAY PKWY # F148
3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Allen, John
5.3 STREET ADDRESS	2135 N. Courtenay Pkwy # F248
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 _____

CR2E037 (9/96)