

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 729859 (9)**  
1. Corporation Name  
**ISLE OF SAND KEY CONDOMINIUM ASSOCIATION INC.**



Principal Place of Business Mailing Address  
**1621 GULF BLVD.  
CLEARWATER FL 34630** **1621 GULF BLVD.  
CLEARWATER FL 34630**

3. Date Incorporated or Qualified **06/05/1974** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business <b>21 C/O PROGRESSIVE MANAGEMENT</b>	2a. Mailing Address <b>26 C/O PROGRESSIVE MANAGEMENT</b>	4. FEI Number <b>59-1633133</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22 2753 STATE RD 580 #207</b>	Suite, Apt. #, etc. <b>27 2753 STATE RD 580 #207</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23 CLEARWATER FL</b>	City & State <b>28 CLEARWATER FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24 34621</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip <b>29 34621</b>	Country <b>30</b>		

## 9. Name and Address of Current Registered Agent

**MEZER, STEVEN H.  
1212 COURT ST STE B  
CLEARWATER FL 34616**

## 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEIN, PATRICIA</b>		1.2 NAME	
STREET ADDRESS <b>1621 GULF BLVD 302</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WAGNER, DALE</b>		2.2 NAME	
STREET ADDRESS <b>1621 GULF BLVD 307</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLANKS, PHILLIP</b>		3.2 NAME	
STREET ADDRESS <b>1621 GULF BLVD 401</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER, FL 00000</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PLOTKIN, LEO</b>		4.2 NAME	
STREET ADDRESS <b>1621 GULF BLVD 604</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COSTA, ISABELLE</b>		5.2 NAME	
STREET ADDRESS <b>1621 GULF BLVD 508</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEADOWS, ROBERT</b>		6.2 NAME	
STREET ADDRESS <b>1621 GULF BLVD 502</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL</b>		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; that 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

595-2427

CR2E037 (12/95)

729859

DOCUMENT #729859

ISLE OF SAND KEY CONDOMINIUM ASSOCIATION INC.

ADDITIONAL OFFICERS AND DIRECTORS:

D  
DOUMAS, MICHAEL  
1621 GULF BLVD PH-H  
CLEARWATER FL