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95 MAY -1 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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32760.00 **130.00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 736687 (5)
1. Corporation Name
ISLEWOOD "D" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O ISLEWOOD D-1008 DEERFIELD BEACH FL 33442
C/O ISLEWOOD D-1008 DEERFIELD BEACH FL 33442

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/26/1976
3a. Date of Last Report 05/01/1994
4. FEI Number 59-1924018
Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CONDO.OWNERS ORGANIZ. OF CENT. VILLAGE E.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KLUBOK, ISADORE
STREET ADDRESS	ISLEWOOD D-1020
CITY ST ZIP	DEERFIELD BCH. FL
TITLE	PD
NAME	SHERMAN, ALVIN
STREET ADDRESS	ISLEWOOD D 1008
CITY ST ZIP	DEERFIELD BCH. FL
TITLE	VD
NAME	RUBIN, ISADORE
STREET ADDRESS	ISLEWOOD D 4020
CITY ST ZIP	DEERFIELD BCH. FL
TITLE	SD
NAME	RICH, MARION
STREET ADDRESS	ISELWOOD D-1017
CITY ST ZIP	DEERFIELD BCH. FL
TITLE	VD
NAME	NELSON, NATHAN
STREET ADDRESS	ISLEWOOD D-4017
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	VD
NAME	METZEL, WALTER
STREET ADDRESS	ISLEWOOD D-1015
CITY ST ZIP	DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	FRANCES BAUCHWITZ	
13 STREET ADDRESS	ISLEWOOD D-4008	
14 CITY ST ZIP	DEERFIELD BEACH, FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MURRAY DESKIN	
43 STREET ADDRESS	ISLEWOOD D1019	
44 CITY ST ZIP	DEERFIELD BEACH, FL	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(b), 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: ALVIN SHERMAN - *Alvin Sherman* Jan 20, 1995 - 305-427-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration