

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

FILED
Apr 27, 1996 08:00 AM
Secretary of State



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		3. Date Incorporated or Qualified 08/26/1976	3a. Date of Last Report 05/01/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1924018	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CONDO.OWNERS ORGANIZ. OF CENT. VILLAGE E. 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when installing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLUBOK, ISADORE	12 NAME	TD
STREET ADDRESS	ISLEWOOD D-1020	13 STREET ADDRESS	BAUCHWITZ FRANCES
CITY-ST-ZIP	DEERFIELD BCH. FL	14 CITY-ST-ZIP	ISLEWOOD D-9008
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, ALVIN	2.2 NAME	
STREET ADDRESS	ISLEWOOD D 1008	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, ISADORE	3.2 NAME	
STREET ADDRESS	ISLEWOOD D 4020	3.3 STREET ADDRESS	800001797828
CITY-ST-ZIP	DEERFIELD BCH. FL	3.4 CITY-ST-ZIP	-04/29/96--01024--091
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESKIN, MURRAY	4.2 NAME	***15128.75
STREET ADDRESS	ISLEWOOD D 1019	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, NATHAN	5.2 NAME	
STREET ADDRESS	ISLEWOOD D-4017	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZEL, WALTER	6.2 NAME	RES
STREET ADDRESS	ISLEWOOD D-1015	6.3 STREET ADDRESS	4-27-96
CITY-ST-ZIP	DEERFIELD BEACH FL	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 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** 1-17-96 (954) 427-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E037 (12/95)