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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified **06/26/1976** 3a. Date of Last Report **04/27/1986**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 28 Zip Country
24 25 29 30

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLUBOK, ISADORE	
STREET ADDRESS	ISLEWOOD D-1020	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHERMAN, ALVIN	
STREET ADDRESS	ISLEWOOD D 1008	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUBIN, ISADORE	
STREET ADDRESS	ISLEWOOD D 4020	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DESKIN, MURRAY	
STREET ADDRESS	ISLEWOOD D 1019	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, NATHAN	
STREET ADDRESS	ISLEWOOD D-1017	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	METZEL, WALTER	
STREET ADDRESS	ISLEWOOD D-1015	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KLUBOK ISADORE	
1.3 STREET ADDRESS	ISLEWOOD D-1020	
1.4 CITY-ST-ZIP	DEERFIELD BEACH FL	
2.1 TITLE	000002159820-1-17	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	-04/29/97--01109--001	
2.3 STREET ADDRESS	**15190.00 *****61.25	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	JOSEPH YACUEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V.D.	
4.3 STREET ADDRESS	ISLEWOOD D-2015	
4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARVIN STROM	
5.3 STREET ADDRESS	ISLEWOOD D-4001	
5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARIAN RICH	
6.3 STREET ADDRESS	ISLEWOOD D-1017	
6.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	

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: **ALVIN SHERMAN** *Alvin Sherman* 1-20-97 427-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076939

CR2E037 (9/96)