

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736687 (5)**  
1. Corporation Name  
**ISLEWOOD "D" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O ISLEWOOD D-1008 DEERFIELD BEACH FL 33442</b>	Mailing Address <b>C/O ISLEWOOD D-1008 DEERFIELD BEACH FL 33442</b>
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3. Date Incorporated or Qualified <b>08/26/1976</b>
4. FEI Number <b>59-1924018</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>KLUBOK, ISADORE</del>	1.2 NAME	STROM, MARVIN
STREET ADDRESS	<del>ISLEWOOD D 1020</del>	1.3 STREET ADDRESS	ISLEWOOD D 4001
CITY-ST-ZIP	DEERFIELD BCH. FL	1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL
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	
CITY-ST-ZIP	DEERFIELD BCH. FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUBOK, ISADORE	4.2 NAME	300002474983
STREET ADDRESS	ISLEWOOD D 1020	4.3 STREET ADDRESS	-04/01/98--01022--010
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	***15006.25
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YACUEL, JOSEPH	5.2 NAME	ROBERT GOODKIN
STREET ADDRESS	ISLEWOOD D 2015	5.3 STREET ADDRESS	4015 WYNDHURST ST
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>MEITZEL, WALTER</del>	6.2 NAME	RICH, MARIAN
STREET ADDRESS	<del>ISLEWOOD D 1015</del>	6.3 STREET ADDRESS	ISLEWOOD D-1017
CITY-ST-ZIP	<del>DEERFIELD BEACH FL</del>	6.4 CITY-ST-ZIP	DEERFIELD BEACH, FL

300002474983  
-04/01/98--01022--010  
\*\*\*15006.25

VD ROBERT GOODKIN  
4015 WYNDHURST ST  
DEERFIELD BEACH, FL

VD RICH MARIAN  
ISLEWOOD D-1017  
DEERFIELD BEACH, FL

14. I 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: \_\_\_\_\_ SIGNATURE REQUIRED *Alvin Sherman 1-15-98 (954) 427-1351*

CR2E037 (10/97)