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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **741113** (5)
1. Corporation Name
ISLANDER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1255 COLLINS AVENUE MIAMI BEACH FL 33139 **1255 COLLINS AVENUE MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified **11/08/1977** 3a. Date of Last Report **04/27/1994**

4. FET Number **59-1800628** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

21. Suite, Apt #, etc 26. Suite, Apt #, etc

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22. City & State 27. City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**PRIETO, OSCAR E.
11463 SW 29TH STREET
MIAMI FL 33165**


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 607.0507 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (N/A)	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCIA, EVELIO D.	1.2 NAME	
STREET ADDRESS	1255 COLLINS AVE. 407	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL 33139	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIETO, OSCAR E.	2.2 NAME	
STREET ADDRESS	11463 SW 29TH STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33165	2.4 CITY, ST, ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBO, ARMANDO	3.2 NAME	
STREET ADDRESS	221 E. 38TH ST.	3.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL 33013	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 Sections 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 person or persons empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:  **OSCAR E. PRIETO**
11463 S.W. 29 Street
Miami, FL 33165
Date: **4/14/95** (305) 25-4415