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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743622

1. Corporation Name

ISLAMORADA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

700 WAVECREST AVENUE
P.O. BOX 3603
INDIALANTIC FL 32903-0603

Mailing Address

700 WAVECREST AVENUE
P.O. BOX 3603
INDIALANTIC FL 32903-0603



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/18/1978

4. FEI Number

59-2672723

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

9. Name and Address of Current Registered Agent

STOW, RICK
700 WAVECREST AVE., #305
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name

SPRICE Coast Property Mgmt

82 Street Address (P.O. Box Number is Not Acceptable)

3128 Lake Washington Rd. #170

83

84 City

Melbourne

FL

85 Zip Code

32934

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 reinstating)

2-2-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☒ DELETE

80
NAME GONZALEZ, ADELA
STREET ADDRESS 700 WAVECREST 201
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☒ DELETE

TD
NAME GENE SCHMECK
STREET ADDRESS 700 WAVECREST AVE 303
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☒ DELETE

8
NAME ED DICKSON
STREET ADDRESS 700 WAVECREST AVE 203
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☒ DELETE

VD
NAME EDWARDS, RENELLE
STREET ADDRESS 700 WAVE CREST AVE., #301
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☒ DELETE

PD
NAME STOW, RICK
STREET ADDRESS 700 WAVECREST AVE #305
CITY-ST-ZIP INDIALANTIC FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME JAV HERNON # 304
1.3 STREET ADDRESS 700 Wavecrest
1.4 CITY-ST-ZIP Indialantic FL 32903

2.1 TITLE ☐ Change ☒ Addition

TD
2.2 NAME ED DICKSON
2.3 STREET ADDRESS 700 WAVECREST AVE #203
2.4 CITY-ST-ZIP Indialantic, FL 32903

3.1 TITLE ☒ Change ☒ Addition

TD
3.2 NAME JACK BAGHDASSARIAN
3.3 STREET ADDRESS 700 WAVECREST AVE # 305
3.4 CITY-ST-ZIP Indialantic, FL 32903

4.1 TITLE ☐ Change ☒ Addition

VD
4.2 NAME TOM TUOWEY
4.3 STREET ADDRESS 700 WAVECREST # 204
4.4 CITY-ST-ZIP Indialantic, FL 32903

5.1 TITLE ☐ Change ☒ Addition

PD
5.2 NAME ADELA GONZALEZ
5.3 STREET ADDRESS 700 WAVECREST AVE # 201
5.4 CITY-ST-ZIP INDIALANTIC, FL 32903

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99 (407)

757-9609

Date

Daytime Phone #

CR2E017 (11/98)