2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743622

1. Entity Name

ISLAMORADA CONDOMINIUM ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90263 001 ****61.25

Principal Place of Business	Mailing Address
700 WAVECREST AVENUE P.O. BOX 3603 INDIALANTIC FL 32903-0603	700 WAVECREST AVENUE P.O. BOX 3603 INDIALANTIC FL 32903-3268

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2672723 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPACE COAST PROPERTY MGMT. 3128 LAKE WASHINGTON RD., #170 MELBOURNE FL 32934	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GONZALEZ, ADELA 700 WAVECREST #201 INDIALANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Adela Gonzalez 700 wavecrest #201 Indialantic FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DICKSON, ED 700 WAVECREST AVE., #203 INDIALANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JACK BAGHDASSARIAN 700 wavecrest Ave #305 Indialantic FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GONZALEZ, ADELA 700 WAVECREST #201 INDIALANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER Robert Eamonds 700 wavecrest #302 Indialantic FL 32903	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BADHDASSANAN, JACK 700 WAVECREST AVE., #305 INDIALANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tom Tuohy Director at Large 700 wavecrest Ave #305 Indialantic FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TUOLLEY, TOM 700 WAVECREST AVE., #305 INDIALANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZALEZ, ADELA 700 WAVECREST AVE., #201 INDIALANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 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 Date Daytime Phone #