FILED
May 29, 2002 8:00 am
Secretary of State
04-16-2002 90142 044 ****61.25

31504

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743622

1. Entity Name
ISLAMORADA CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
700 WAVECREST AVENUE	ISLAMORADA CONDO ASSO, INC
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 33603
City & State INDIALANTIC, FLORIDA	City & State INDIALANTIC, FLORIDA
Zip 32903 Country U.S.A.	Zip 32903-0603 Country U.S.A.

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RONALD V. DIGNAZIO

Street Address (P.O. Box Number is Not Acceptable) 700 WAVECREST AVENUE

UNIT NO. 301

City INDIALANTIC FL Zip Code 32903

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

FEE IS $61.25 Initial or Amended UBR

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

TITLE	PT
NAME	RONALD V. DIGNAZIO
STREET ADDRESS	700 WAVECREST AVENUE, #301
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	VT
NAME	JACK BAGHDASSARIAN
STREET ADDRESS	700 WAVECREST AVENUE, #203
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	ST
NAME	CAROLINE KARLSON
STREET ADDRESS	700 WAVECREST AVENUE, #101
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	TT
NAME	ROBERT EDMONDS
STREET ADDRESS	700 WAVECREST AVENUE, #302
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	D
NAME	EDWARD DICKSON
STREET ADDRESS	700 WAVECREST AVENUE, #203
CITY-ST-ZIP	INDIALANTIC, FL 32903
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald V. Dignazio
RONALD V. DIGNAZIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 2002 (321) 984-3441
Date Daytime Phone #