FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # 745964

1. Corporation Name
DRIFTWOOD ISLE COND ASSOC.

Principal Place of Business / Mailing Address
DRIFTWOOD ISLE CONDO 9241 E. BAY HARBOR DR.

3. Date Incorporated or Qualified: 2-15-1979
3a. Date of Last Report: 2-15-1994
4. FEI Number: 59-207-4617 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 20 CONDOS
2a. Mailing Address (26): 20 CONDOS
Suite, Apt. #, etc. (22): 9241 E BAY HARBOR DR
Suite, Apt. #, etc. (27):
City & State (23): BAY HARBOR ISLANDS, FLA
City & State (28): BAY HARBOR ISLANDS, FLA
Zip (24): 33154 Country (25): DADE
Zip (29): 33154 Country (30): DADE

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLISON, JOHN R
1111 NE. FIRST ST.
MIAMI, FLA 33132

10. Name and Address of New Registered Agent

81 Name: ROSA M. DE LA CAMARA, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): BECKER & POLIAKOFF, P.A.
83: 5201 BLUE LAGOON DRIVE, SUITE #100
84 City: MIAMI FL 85 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 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: Rosa M. de la Camara for Becker + Poliakoff, P.A. DATE: 4/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D #20 S. KRAMER 9241 E. BAY HARBOR DR. BAY HARBOR ISLAND FLA	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRES D (1) ROY A. CISNEROS 6143 N. WEST 183RD LANE MIAMI LAKES, FLA 33015 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANTZER J. #23 9241 E. BAY HARBOR DR. BAY HARBOR ISLAND FLA	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V.P D CHARLES PATRICK (5) 9261 E. BAY HARBOR DR. BAY HARBOR ISLAND FLA 33154 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D #4 HERMAN SIE 9241 E. BAY HARBOR DR. BAY HARBOR ISLAND, FL.	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SEC. TREAS D ED FUERST #10 9261 E BAY HARBOR DRIVE BAY HARBOR ISLAND, FLA, 33154 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATRICK CHARLES #5 9261 E. BAY HARBOR DR. BAY HARBOR, ISLAND, FLA	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	SEC. D SIEGFRIED HERMAN #4 9241 E BAY HARBOR DRIVE BAY HARBOR ISLAND, FLA 33154 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: EDWARD FUERST, TREAS. 2-22-95 305-865-5285
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Edward Fuerst