## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LD WAKD YOURST THEOSE

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 745964
1. Corporation Name

(7)

## DRIFTWOOD ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address							B1710 B184 B1811 B181	***********	
9241 E. BAY HARBOR DR. 9241 E. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154									
						Date Incorporated or Qualifi 02/15/1979		te of Last <b>14/24/19</b>	95
2. Principal Place of Business 2a. Mailing Address 2b. 20 COIYU				•	4	4. FEI Number Applied For 59-2074617 Not Applicable			Applied For Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  BAY HAKBOK HAMBS, FLA 27 724/6. But				eroc t	76C, 5	i. Certificate of Status Desired	· 🗆		Additional Required
City & State 941 E. BUY HAVE BUE TAZE CITY & STATE HAVE BUE TAZE					. ?	<ol> <li>Election Campaign Financial Trust Fund Contribution</li> </ol>	g 🔲		May Be
Zip	Country	Žip /	Coun	try / -	- J 8	3. This corporation has liability	for intangible ta	x under s.	199.032,
24	13/59/25 DADE	29 33154	30	DAC	r	Florida Statutes	Yes 🗀		
	9. Name and Address of Current R	egistered Agent		nal		). Name and Address of No	w Registered	Agent	
, <b>4</b>			['	81 Name		SHME			
					t Address (P.O. Box Number is Not Acceptable)				
BECKER & POLIAKOFF, P.A.  5201 BLUE LAGOON DRIVE STE. 100				B3					
MIAM! FL			ī	B4 City			FL	85 Zip	Code
54 Divisiont	a the provisions of Sections 617 0500 an	d 617 1508 Elorida Statut	es the abou	a-named co	omoration	submits this statement for the	nurnose of cha	noing its r	eaistered office
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    Standiture trood or profiled name of registered agent and title if application.   (NOTE: Registered Agent signature required when renstating):    DATE   DA									
	Signature, typed or printed name of registered agent and			Agont signature r	required when	renstating* ADDITIONS/CHANGES TO	DATE	D:DECTA	RS IN 12
12.	OFFICERS AND D	DELETE	13.		12.0			Change	Addition
TITLE	PD OIGHEDAG BOY A	Plottere	1.2 NA			LS RUHQUES		Z-Onling.	
NAME	CISNERAS, ROY A.			IEET ADDRESS	90	41 R. BINY HAR	DIE ME		
STREET ADDRESS	6143 NW 183RD LANE MIAMI LAKES FL 33015			Y-ST-ZIP	1 30	Y HARBOR IS	IANAG	CLK	}
CITY-ST-2IP TITLE	VD	DELETE	2 1 TITI					Change	Addition
NAME	PATRICK, CHARLES		22 NA		" " "	SEC D			
STREET ADDRESS	9261 E. BAY HARBOR DRIVE, 23	1		REET ADDRESS	1011	2 H.W 183RD	LAHE		
CITY-ST-ZIP	BAY HARBOUR ISLAND FL	,		TY-ST-ZIP	Min	CISHEROS 3H.W183RD. 3M.KLA. 3	3015		
TITLE	D FULL ST	DELETE	3.1 TIT		TUCH	18. DED. FUE	(n	Change	☐ Addition
NAME	FOREST, ED		3.2 NA	V.E			E\$1		
STREET ADDRESS	9261 E. BAY HARBOUR DRIVE		3 3 STF	REET ADDRESS		SAME			e.
CITY-ST-ZIP	BAY HARBOUR ISLAND FL		3.4 CI	TY-S1-ZIP					
TITLE	SD	DELETE	4.1 TIT	LE	V	ICG PRES D.		Zlehange	■ Addition
NAME	HERMAN, SIEGFRED		4. 2 NA	ME	DALI	ICG PRES D. B VELASED 95 PALMETTO L	ar ( DIDIV		
STREET ADDRESS	9241 E BAY HARBOR DR		4.3 STF	reet address	152	43 PALVINITUM	-7		
CITY-ST-ZIP	BAY HARBOR ISLAND FL		4.4 CH	Y-S1-ZIP	MIE	7M1, FLA 3313	/		
TITLE		DELETE	5.1 TIT	LE		•		Change	Addition
NAME			5 2 NA						
STREET ADDRESS			5 3 ST	REET ADDRESS					
CITY-ST-ZIP		Doc: ttt		Y · ST - ZIP	<del> </del>			Change	Addition
TITLE		□DELĒTĒ	6 1 TIT		İ		,	TI et suds	☐ ¥00III0II
NAME			6.2 NA						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP	y certify that the information supplied with	this filing is voluntarily for	nished and r	Y-ST-ZIP laes not au	alify for the	e exemption stated in Section	119,07(3)(k), Fid	orida Statu	tes. I further
certify that	the information indicated on this annual I am an officer or director of the corporat Block 12 or Block 13 if changed, or or	report or supplemental and ion or the receiver or trusta	nual report is re empower	: frue and a	occurate ar	na that my signature shall have	e the same xedai	enect as r	r made under