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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745964** (7)
1. Corporation Name
DRIFTWOOD ISLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 20 CONDOS 9214 E BAY HARBOR DR 4241 BAY HARBOR ISLANDS FL 33154 US	Mailing Address 20 CONDOS 9241 E BAY HARBOR DR BAY HARBOR ISLANDS FL 33154-2762 US
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3. Date Incorporated or Qualified 02/15/1979	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business 21 same as 20	2a. Mailing Address 26 same as above	4. FEI Number 59-2074617	Applied For <input checked="" type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc. 20	27 Suite, Apt. #, etc. 20	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State BAY HARBOR, FLA	28 City & State BAY HARBOR, FLA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33154	25 Country DATE	29 Zip 33154	30 Country DATE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSA M. DE LA CAMARA, ESQ.
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE STE. 100
MIAMI FL 33126**

81 Name	82 Street Address (P.O. Box Number is Not Applicable)	83	84 City	85 Zip Code
			FL	

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.D.
NAME	RUNQUIST, HILS	1.2 NAME	PRES.
STREET ADDRESS	9241 E BAY HARBOR DR	1.3 STREET ADDRESS	9241 E BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOR ISLAND FL	1.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	VD	2.1 TITLE	SEC.
NAME	CISHEROS, ROY	2.2 NAME	ROY CISHEROS
STREET ADDRESS	6113 HWY 183	2.3 STREET ADDRESS	6113 HWY 183
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D	3.1 TITLE	TREAS.
NAME	FOREST, ED	3.2 NAME	EDWARD FOREST
STREET ADDRESS	9261 E. BAY HARBOUR DRIVE	3.3 STREET ADDRESS	9261 E. BAY HARBOUR ISLANDS.
CITY-ST-ZIP	BAY HARBOUR ISLAND FL	3.4 CITY-ST-ZIP	FLA 33154
TITLE	VD	4.1 TITLE	
NAME	VELASLO, DALIA	4.2 NAME	
STREET ADDRESS	15295 PALMETTO LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ SIGNATURE REQUIRED **Edward Forest** 305-865-5285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030835

CP22037 (9/96)