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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 745964					
1. Corporation Name DRIFTWOOD ISLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 20 CONDOS 9241 E BAY HARBOR DR BAY HARBOR FL 33154 US			Mailing Address 20 CONDOS 9241 E BAY HARBOR DR BAY HARBOR FL 33154 US		
2. Principal Place of Business 21 9241 E BAY HARBOR ISLAND FLA Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/15/1979	
22 City & State 23 BAY HARBOR ISLAND FLA		27 City & State		4. FEI Number 59-2074617 Applied For Not Applicable	
24 Zip 33154		25 Country U.S.A.		29 Zip 30 Country	
9. Name and Address of Current Registered Agent ROSA M. DE LA CAMARA, ESQ. BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE STE. 100 MIAMI FL 33126			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 NAME JAVIER, SERGIO STREET ADDRESS 2764 W. 60TH ST. CITY-ST-ZIP HIALEAH FL 33016			1.1 TITLE PRES 1.2 NAME BAY HARBOR ISLAND FLA 1.3 STREET ADDRESS 9241 E BAY HARBOR DR 1.4 CITY-ST-ZIP 33154		
TITLE VD NAME CISHEROS, ROY STREET ADDRESS 6113 NW 83RD CITY-ST-ZIP MIAMI FL 33015			2.1 TITLE 2.2 NAME NANCY CISNEES 2.3 STREET ADDRESS 9241 E BAY HARBOR DR 2.4 CITY-ST-ZIP BAY HARBOR ISLAND FL 33154		
TITLE TD NAME FVERST, EDWARD STREET ADDRESS 9261 E. BAY HARBOUR DRIVE CITY-ST-ZIP BAY HARBOUR ISLAND FL 33154			3.1 TITLE TREAS 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE SD NAME CISHEROS, ROY STREET ADDRESS 6113 NW 83RD CITY-ST-ZIP MIAMI FL 33015			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE SD NAME RODRIGEZ, NORMA STREET ADDRESS 9261 E BAY HARBOR DR CITY-ST-ZIP BAY HARBOR ISLAND FL 33154			5.1 TITLE 5.2 NAME NORMA BLANCO 5.3 STREET ADDRESS 9261 E BAY HARBOR DR 5.4 CITY-ST-ZIP BAY HARBOR ISLAND FL 33154		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)