

DOCUMENT # 145904

1. Entity Name

DRIFTWOOD ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9241 E BAY HARBOR ~~ISLANDS~~ DRIVE
BAY HARBOR ISLANDS FL 33154
US

Mailing Address

9241 E BAY HARBOR ~~ISLANDS~~ DRIVE
BAY HARBOR ISLANDS FL 33154-2762
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2074617

Applied For

Not Applicable

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

6. 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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME SANTOS, RALPH ☐ Delete
STREET ADDRESS 9241 L BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154TITLE VD
NAME EISNEKOS, NANCY ☐ Delete
STREET ADDRESS 9241 E BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154TITLE TD
NAME FVERST, EDWARD ☐ Delete
STREET ADDRESS 9261 E. BAY HARBOR DRIVE
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154TITLE SD
NAME BLANCO, NORMA ☐ Delete
STREET ADDRESS 9261 E BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154TITLE SD
NAME BLANCO, NORMA ☐ Delete
STREET ADDRESS 9261 E BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME SALTOS, RALPH ☐ Change ☐ Addition
STREET ADDRESS 9241 E. BAY HARBOR DR #22
CITY-ST-ZIPTITLE VP
NAME CISNEROS, NANCY ☐ Change ☐ Addition
STREET ADDRESS SAME ADDRESS
CITY-ST-ZIPTITLE TD
NAME EDWARD FEURST ☐ Change ☐ Addition
STREET ADDRESS SAME ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD
NAME BLANCO, NORMA ☐ Change ☐ Addition
STREET ADDRESS SAME ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Date

9-11-2000

Daytime Phone #

305-861-1497

FILED

00 FEB 29 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)