

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749892 (6)
1. Corporation Name
THE ISLANDER CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUL 19 AM 9:57



Principal Place of Business
17006 GULF BLVD
N. REDINGTON BEACH FL 33708

Mailing Address
17006 GULF BLVD
N. REDINGTON BEACH FL 33708

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1979		3a. Date of Last Report 01/20/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2585750		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

JONES, CHRISTIE
1819 NEEDLES LANE
LARGO FL 34641

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	City

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

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLYDE, FRANCIS P. JR.	
STREET ADDRESS	201 CRANBERRY LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENRY, JACK	
STREET ADDRESS	18706 LAKESHORE DR.	
CITY-ST-ZIP	LUTZ FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HENNES, BEN	
STREET ADDRESS	12401 N 22ND ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, THOMAS D	
STREET ADDRESS	17006 GULF BLVD.	
CITY-ST-ZIP	N. REDINGTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	"D" SECRETARY/DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MIKE STEELE	
1.3 STREET ADDRESS	19001 2ND ST. N.E.	
1.4 CITY-ST-ZIP	LUTZ FL 33549	
2.1 TITLE	"D" PRESIDENT/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	"D" TREASURER/DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BERNICE EBERSOL	
3.3 STREET ADDRESS	RT 1 BOX 302	
3.4 CITY-ST-ZIP	CRESCENT CITY FL 32112	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VERONICA DENVER	
4.3 STREET ADDRESS	8030 FORD PLACE	
4.4 CITY-ST-ZIP	TAMPA FL 33615	
5.1 TITLE	OPERATIONS MGR/DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RAY STEARNS	
5.3 STREET ADDRESS	9426 106TH AV. N.	
5.4 CITY-ST-ZIP	LARGO FL 34647	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-96 813-391-0271

CR2E037 (3/96)