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May 08 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 # **749892** (6)
1. Corporation Name
THE ISLANDER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 17006 GULF BLVD N. REDINGTON BEACH FL 33708	Mailing Address 17006 GULF BLVD N. REDINGTON BEACH FL 33708-1441
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1979	3a. Date of Last Report 07/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2585750		Applied For <input type="checkbox"/> 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JONES, CHRISTIE 1819 NEEDLES LANE LARGO FL 34641		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. Zip Code	

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	SD	1.1 TITLE	SD
NAME	STEELE, MIKE	1.2 NAME	Jennifer Kazar
STREET ADDRESS	19001 2ND STREET N.E.	1.3 STREET ADDRESS	8767 Bridlewood WAY N.
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	Seminole, FL 34647
TITLE	PD	2.1 TITLE	VD
NAME	HENRY, JACK	2.2 NAME	RAY Stearns
STREET ADDRESS	18708 LAKESHORE DR.	2.3 STREET ADDRESS	9426 106th Ave N.
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	Largo, FL 34647
TITLE	TD	3.1 TITLE	PD
NAME	EBERSOL, BERNICE	3.2 NAME	Bernice Ebersol
STREET ADDRESS	ROUTE 1 BOX 302	3.3 STREET ADDRESS	Route 1 Box 302
CITY-ST-ZIP	CRESCENT CITY FL 32112	3.4 CITY-ST-ZIP	Crescent City, FL 32112
TITLE	D	4.1 TITLE	TD
NAME	DENVER, VERONICA	4.2 NAME	Mike Steele
STREET ADDRESS	8030 FORD PLACE	4.3 STREET ADDRESS	19001 2nd Street N.E.
CITY-ST-ZIP	TAMPA FL 33615	4.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	D	5.1 TITLE	D
NAME	STEARNS, RAY	5.2 NAME	Dorothy Bass
STREET ADDRESS	9426 106TH AVENUE NORTH	5.3 STREET ADDRESS	4214 North A. Street
CITY-ST-ZIP	LARGO FL 34647	5.4 CITY-ST-ZIP	Tampa, FL 33609
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: *Ray Stearns* **Raymond E. Stearns** 4-24-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050564

CR2E037 (9/96)