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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90186 034 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749892**

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**



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/26/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2585750
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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) 126-21st AVENUE NORTHEAST
83	
84 City St. Petersburg	85 Zip Code FL 33704

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

Address change only

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	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAZAR, JENNIFER		1.2 NAME KAZAR, JENNIFER	
STREET ADDRESS 8767 BRIDLEWOOD WAY N.		1.3 STREET ADDRESS SAME	
CITY-ST-ZIP SEMINOLE FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEARNS, RAY		2.2 NAME	
STREET ADDRESS 9426 106TH AVE. N.		2.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EBERSOL, BERNICE		3.2 NAME	
STREET ADDRESS RT. 1, BOX 302		3.3 STREET ADDRESS	
CITY-ST-ZIP CRESCENT CITY FL		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEELE, MIKE		4.2 NAME Stieckler, Dale H.	
STREET ADDRESS 19001 2ND STREET N.E.		4.3 STREET ADDRESS 5139 CHAMBERLAIN COURT	
CITY-ST-ZIP LUTZ FL		4.4 CITY-ST-ZIP Spring Hill, FL 34607-4404	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DENVER, VERONICA		5.2 NAME Clyde, Francis P. Jr.	
STREET ADDRESS 8030 FORD PLACE		5.3 STREET ADDRESS 201 CRANBERRY LANE	
CITY-ST-ZIP TAMPA FL 34647		5.4 CITY-ST-ZIP BRANDON, FL 33510	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BASS, DOROTHY		6.2 NAME Bass, Dorothy	
STREET ADDRESS 4214 NORTH A STREET		6.3 STREET ADDRESS SAME	
CITY-ST-ZIP TAMPA FL		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: **Dale H. Stieckler** **5/11/99** **727-391-0271**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)