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NONPROFIT  
CORPORATION  
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999 2000

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 33708D0058300 NAKLYN ATTORNEY  
TREASURER 5/9/99

Check enclosed for \$61.25

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/26/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2585750

Applied For

Not Applicable

City &amp; State

City &amp; State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, CHRISTIE  
1910 NEEDLES LANE  
LARGO FL 34641

81 Name

227 LOS PRADOS DRIVE

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

126-21st AVENUE NORTHEAST

83

SAFETY HARBOR

34695-3334

84 City

ST. PETERSBURG

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Address change only

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE

NAME KAZAR, JENNIFER

STREET ADDRESS 8767 BRIDLEWOOD WAY N.

CITY-ST-ZIP SEMINOLE FL 33777

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME STEARNS, RAYMOND E.

STREET ADDRESS 9426 106TH AVE. N.

CITY-ST-ZIP LARGO FL 33779

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

NAME EBERSOL, BERNICE

STREET ADDRESS RT. 1 BOX 302

CITY-ST-ZIP CRESCENT CITY FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE

NAME STEELE, MIKE

STREET ADDRESS 19001 2ND STREET N.E.

CITY-ST-ZIP LUTZ FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME DENVER, VERONICA

STREET ADDRESS 8030 FORD PLACE

CITY-ST-ZIP TAMPA FL 33615

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BASS, DOROTHY

STREET ADDRESS 4214 NORTH A STREET

CITY-ST-ZIP TAMPA FL

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: Dale H. Strickler DALE H. STRICKLER 5/9/99 727-391-0271