

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

55 MAY - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **755451** (2)
1. Corporation Name
ISLAND POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**665 SE 21ST AVE
DEERFIELD BCH FL 33441
US** **665 SE 21ST AVE
5240 N FEDERAL HWY #202
DEERFIELD BCH FL 33441
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/09/1980** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2066697** Applied For
Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address **Island Point**
21 **26** **% Atlantic Management Services**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27** **PO Box 1177**
City & State City & State
23 **28** **Pompano Beach**
Zip Zip
24 **25** **29** **33061** **30** **USA**

9. Name and Address of Current Registered Agent
CASSINARI, CONNIE Lee Geary
665 SE 21 ST AVE APT 307 #200
DEERFIELD BCH FL 33441

10. Name and Address of New Registered Agent
81 Name **Lee Geary**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **665 SE 21 St. Ave. #200**
84 City **Deerfield Beach FL** **85** Zip Code **33441**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Lee Geary* DATE

12. OFFICERS AND DIRECTORS

TITLE	DP VLT
NAME	CASSINARI, CONSTANCE
STREET ADDRESS	665 SE 21ST AVE #307
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	CIMARZO, GERALD
STREET ADDRESS	665 SE 21 AVE #502
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	WARD, DAVID
STREET ADDRESS	10520 HICKMAN RD STE ABC
CITY ST ZIP	DES MOINES IA
TITLE	DS
NAME	GIACOMARRA, YOLANDA
STREET ADDRESS	441 SECOND ST
CITY ST ZIP	DUNELLEN NJ
TITLE	DVP
NAME	TRENTACOSTA, JACK
STREET ADDRESS	20162 FAIRWAY DR
CITY ST ZIP	GROSSE POINT WOODS MI
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Lee Geary	
13 STREET ADDRESS	665 SE 21 Ave #200	
14 CITY ST ZIP	Deerfield Beach, FL 33441	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Monti Asti	
23 STREET ADDRESS	665 SE 21 Ave #309	
24 CITY ST ZIP	Deerfield Beach, FL 33441	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Seymour Siegal	
33 STREET ADDRESS	665 SE 21 Ave #108	
34 CITY ST ZIP	Deerfield Beach, FL 33441	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.02(3)(k), Florida Statutes. I further certify that the information included in 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 applicable, or on an attachment with an address.

SIGNATURE: *Lee E. Geary* **LEE E. GEARY** 5/1/95 305-913-6586
(Date) (Signature)