

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 755451 (2)

1. Corporation Name
ISLAND POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
665 SE 21ST AVE
DEERFIELD BCH FL 33441
US

Mailing Address
~~C/O ATLANTIC MANAGEMENT SERVICES
P O BOX 1177
POMPANO BEACH FL 33061
US~~

3. Date Incorporated or Qualified: 12/09/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
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Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
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City & State
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Zip
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4. FEI Number: 59-2066697
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GEARY, LEE
665 SE 21ST AVE
SUITE 200
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
Signature typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D SEC
NAME	GEARY, LEE	1.2 NAME	CONNIE CASSINARI
STREET ADDRESS	665 SE 21ST AVE 200	1.3 STREET ADDRESS	665 SE 21 AVE # 307
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	Deerfield Beach FL 33441
TITLE	D	2.1 TITLE	DP
NAME	ASTI, MONTE	2.2 NAME	LEE GEARY
STREET ADDRESS	665 SE 21ST AVE 3098	2.3 STREET ADDRESS	665 SE 21ST AVE # 200
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	D	3.1 TITLE	D
NAME	SIEGEL, SEYMOUR	3.2 NAME	Phil Tiemann
STREET ADDRESS	665 SE 21ST AVE 108	3.3 STREET ADDRESS	605 SE 21ST AVE # 304
CITY-ST-ZIP	DESMOINES IA	3.4 CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	DS	4.1 TITLE	
NAME	GIAGOMARRA, YOLANDA	4.2 NAME	
STREET ADDRESS	441 SECOND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNELLEN NJ	4.4 CITY-ST-ZIP	
TITLE	SEC	5.1 TITLE	
NAME	CONNIE CASSINARI	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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: Lee E. Geary DATE: 2/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 954-977-2075

CR2E037 (12/95)