


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90211 004 ****61.25

DOCUMENT # 755451	
1. Entity Name ISLAND POINT CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2100 SW 10TH STREET SUITE B DEERFIELD BEACH, FL 33442 US	Mailing Address 2100 SW 10TH STREET SUITE B DEERFIELD BEACH, FL 33442 US
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03162004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2066697	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNITED DIVERSIFIED ENTERPRISES, INC. 2100 SW 10TH STREET SUITE B DEERFIELD BEACH, FL 33442	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PTD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FISCHER, MARK			NAME	PD MOSS, Rick		
STREET ADDRESS	665 SE 21ST AVENUE #101			STREET ADDRESS	10034 W MENARD Rd		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP	TA		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VATD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARSON, JOYCE A			NAME	LARSON, Joyce		
STREET ADDRESS	665 SE 21ST AVENUE #400			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CIESLAK, PETER			NAME			
STREET ADDRESS	665 SE 21 AVE #108			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIEMANN, PHIL			NAME			
STREET ADDRESS	665 SE 21 AVE #308			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARSON, JOYCE A			NAME			
STREET ADDRESS	665 SE 21 AVE #400			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEUCI, FRANK			NAME			
STREET ADDRESS	665 SE 21 AVE #103			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/3/04** Daytime Phone #: **718-9903 (954)**