

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 756738 (1)

1. Corporation Name
ISLANDIA EAST ASSOCIATION, INC.



Principal Place of Business: 1915 N.E. RICOU TERRACE, JENSEN BCH FL 34957
Mailing Address: 1915 N.E. RICOU TERRACE, JENSEN BCH FL 34957

3. Date Incorporated or Qualified: 03/12/1981
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FLI Number: 59-2245771
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

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

City & State: 23

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

Zip: 24 Country: 25

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

Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANSSEN, AL
1915 N.E. RICOU TERRACE
JENSEN BEACH FL 34957

81 Name: ELFI COLLINS
82 Street Address (P.O. Box Number is Not Acceptable): 1915 NE RICOU TERRACE
83
84 City: JENSEN BEACH FL 85 Zip Code: 34957

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *Elfi Collins* ELFI COLLINS 02/22/96
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOWENS, DAVID	
STREET ADDRESS	9500 S OCEAN DR., #1602	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLAKELY, JAMES	
STREET ADDRESS	9550 S OCEAN DR., #1010	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEDONNE, ANTHONY	
STREET ADDRESS	2005 WOODSIDE RD	
CITY-ST-ZIP	GLENSHAW PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSTA, ROGER	
STREET ADDRESS	9500 S. OCEAN DRIVE #1410	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VALLEJO, NANCY	
STREET ADDRESS	9550 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: JAMES BLAKELY, PRESIDENT 2/21/96 *James Blakely* (407) 334-2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)