

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 C/O ISLANDIA II CONDOMINIUM ASSOC., INC. 8500 S. OCEAN DRIVE JENSEN BEACH FL 34957
---	--

3. Date Incorporated or Qualified 03/12/1981	Applied For
4. FEI Number 59-2245771	Not Applicable

2. Principal Place of Business 21 9500 S. Ocean Drive Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Jensen Beach, FL	27 City & State
24 Zip 34957	25 Country
28 Zip	29 Country
30	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**COLLINS, ELFI
1915 NE RICOU TERRACE
JENSEN EBACH FL 34957**

10. Name and Address of New Registered Agent
81 Name **Evans, Darrell**
82 Street Address (P.O. Box Number Is Not Acceptable)
9500 S. Ocean Drive #203
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 obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Darrell Evans* DATE **2-13-98**

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 checked="" type="checkbox"/> DELETE
NAME	BLAKELY, JAMES	
STREET ADDRESS	8550 S OCEAN DR, #1010	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COSTA, ROGER	
STREET ADDRESS	9500 S. OCEAN DRIVE #1410	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	VALLEJO, NANCY	
STREET ADDRESS	8550 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPTAIN, MIM	
STREET ADDRESS	9500 S OCEAN DR, 1208	
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	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lowens, David	
1.3 STREET ADDRESS	9500 S.Ocean Dri. #1602	
1.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
2.1 TITLE	V.Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wolf, Sheila	
2.3 STREET ADDRESS	9550 S.Ocean Drive	
2.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gifford, Brent	
3.3 STREET ADDRESS	9500 S.Ocean Drive #1510	
3.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
4.1 TITLE	Sec/Trea	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Stevens, Dave	
4.3 STREET ADDRESS	9500 S.Ocean Dr. #PH3	
4.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
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 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 in an attachment with an address.

SIGNATURE: *Darrell Evans* PRESENTING ISLANDIA EAST ASSOCIATION INC 2/12/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 002-0000

CR2E037 (10/97)