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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756738

1. Corporation Name  
ISLANDIA EAST ASSOCIATION, INC.

Principal Place of Business: 9500 S OCEAN DRIVE, JENSEN BCH FL 34957, US  
Mailing Address: C/O ISLANDIA II CONDOMINIUM ASSOC., INC., 9500 S. OCEAN DRIVE, JENSEN BEACH FL 34957



2. Principal Place of Business (21-24), 2a. Mailing Address (25-29), 3. Date Incorporated or Qualified (03/12/1981), 4. FEI Number (59-2245771), 5. Certificate of Status Desired (\$8.75 Additional Fee Required), 6. Election Campaign Financing Trust Fund Contribution (\$5.00 May Be Added to Fees)

9. Name and Address of Current Registered Agent: EVANS, DARRELL, 9500 S OCEAN DR #203, JENSEN EBACH FL 34957  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include David Lowens, Sheila Wolf, Brent Gifford, and MIM Kaptain.

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Lowens 2-12-99 561 220 2802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

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