

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H02890** (2)

1. Corporation Name

ISLAND DEVELOPMENT REALTY CORPORATION

Principal Place of Business

**C/O GERALD F. HOFFMAN
1542 JUPITER COVE #601-C
JUPITER FL 33469**

Mailing Address

**C/O GERALD F. HOFFMAN
1542 JUPITER COVE #601-C
JUPITER FL 33469**



2. Principal Place of Business

21 **489 S.E. Evergreen Ter.**

Suite, Apt. #, etc.

22

City & State

23 **Port St. Lucie, Florida**

Zip

24 **34983**

Country

25 **USA**

2a. Mailing Address

26 **c/o Gerald F. Hoffman**

Suite, Apt. #, etc.

27 **489 S.E. Evergreen Ter.**

City & State

28 **Port St. Lucie, Florida**

Zip

29 **34983**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**HOFFMAN, GERALD F.
1542 JUPITER COVE #601-C
JUPITER FL 33469**

3. Date Incorporated or Qualified

05/09/1984

3a. Date of Last Report

07/27/1995

4. FEI Number

59-2394990

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
489 S.E. Evergreen Terrace

83

84 City

Port St. Lucie,

FL

85 Zip Code

34983

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Gerald F. Hoffman**

President/Director

5/31/96

Signature by _____

Date of Registration Agent Signature _____

Date _____

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
HOFFMAN, GERALD F.
STREET ADDRESS **1542 JUPITER COVE #601-C
CITY-ST-ZIP **JUPITER FL******

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**489 S.E. Evergreen Terrace
Port St. Lucie, Florida 34983**

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**400001875744
-06/26/96--01023--025
***200.00**

**300001875743
-06/26/96--01023--024
***25.00**

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)(c), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gerald F. Hoffman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/96

407-336-3756

CR2E034 (12/95)