

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37602 (2)
1. Corporation Name
ISLANDERS ASSOCIATION, INC.

800001793788
-04/25/96--01014--014
***61.25

Principal Place of Business Mailing Address
% KATHLEEN MORGAN
663 BIRGHAM PL
LAKE MARY, FL 32746 USA
← SAME

2. Principal Place of Business 2a. Mailing Address
21 AS ABOVE 26 AS ABOVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
04-09-1990 04-05-1995
4. FEI Number Applied For
59-3031932 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

9. Name and Address of Current Registered Agent
MARY O'CONNOR
1707 RUTLEDGE COURT
LONGWOOD, FL 32779

10. Name and Address of New Registered Agent
81 Name KATHLEEN MORGAN
82 Street Address (P.O. Box Number is Not Acceptable) 663 BIRGHAM PLACE
83 City LAKE MARY FL 85 Zip Code 32746

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 *K. Morgan* (KATHLEEN MORGAN, P) 04-15-1996
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	WISS, LIZ	<input checked="" type="checkbox"/> DELETE
NAME		118 ICHABOD TRAIL	
STREET ADDRESS		LONGWOOD, FL 32750	
CITY-ST-ZIP			
TITLE	D	O'CONNOR, ROGER	<input checked="" type="checkbox"/> DELETE
NAME		1311 MYRTLE DRIVE	
STREET ADDRESS		LONGWOOD, FL 32750	
CITY-ST-ZIP			
TITLE	S	FOJO, DAVID	<input type="checkbox"/> DELETE
NAME		696 YOUNGSTOWN PKWAY	
STREET ADDRESS		ALTAMONTE SPRINGS, FL	
CITY-ST-ZIP			
TITLE	T	O'CONNOR, MARY	<input type="checkbox"/> DELETE
NAME		1707 RUTLEDGE CT.	
STREET ADDRESS		LONGWOOD, FL 32779	
CITY-ST-ZIP			
TITLE	D	MAINGOT, DENISE	<input checked="" type="checkbox"/> DELETE
NAME		191 SHERIDAN AVE	
STREET ADDRESS		LONGWOOD, FL 32750	
CITY-ST-ZIP			
TITLE	D	MORGAN, KATHY	<input type="checkbox"/> DELETE
NAME		663 BIRGHAM PL	
STREET ADDRESS		LAKE MARY, FL 32746	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	KATHLEEN MORGAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		663 BIRGHAM PLACE	
1.3 STREET ADDRESS		LAKE MARY, FL 32746	
1.4 CITY-ST-ZIP			
2.1 TITLE	D	PATRICIA FOJO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		1601 GRANGE CIRCLE	
2.3 STREET ADDRESS		LONGWOOD, FL 32750	
2.4 CITY-ST-ZIP			
3.1 TITLE	S	JOAN JONES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		5442 BAYTOWNE PL.	
3.3 STREET ADDRESS		OUIDO FL. 32817	
3.4 CITY-ST-ZIP			
4.1 TITLE	D	Beth Maingot	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		848 MARAVEL CT	
4.3 STREET ADDRESS		LONGWOOD FL 32750	
4.4 CITY-ST-ZIP			
5.1 TITLE	D	DAVID LLOYD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		2424 TURNBERRY DRIVE	
5.3 STREET ADDRESS		OUIDO, FL 32765	
5.4 CITY-ST-ZIP			
6.1 TITLE	D	DEBBIE STROTT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		705 YOUNGSTOWN PKWY # 357	
6.3 STREET ADDRESS		ALTAMONTE SPRINGS, FL 32714	
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: *K. Morgan* (KATHLEEN MORGAN) 04-15-96 407-330-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SC 4-24-96

CR2E037 (12/95)