

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743622

**Entity Name:** ISLAMORADA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

700 WAVECREST AVENUE  
INDIALANTIC, FL 32903-3268

**Current Mailing Address:**

C/O BELLA VITA PROPERTY MGMT  
PO BOX 120096  
MELBOURNE, FL 32912

**FEI Number:** 59-2672723

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSSIN & BURR, PLLC  
1550 SOUTHERN BLVD  
WEST PALM BEACH, FL 33406 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ROBERT BURR

05/18/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            FERNANDEZ-VALLE, CRISTINA  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title            VP  
Name            CORDER, BRICE  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title            PRESIDENT  
Name            MINEAR, KATHLEEN  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title            DIRECTOR  
Name            HARTUNG, LAWRENCE  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title            SECRETARY  
Name            TAYLOR, CAROL  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN MINEAR

**PRESIDENT**

05/18/2020

Electronic Signature of Signing Officer/Director Detail

Date