

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90261 024 ****61.25

DOCUMENT # 722058

1. Entity Name

THE ISLANDS, CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

11680 W DIXIE SHORES DR
 CRYSTAL RIVER FL 34429
 US

Mailing Address

11680 W DIXIE SHORES DR
 CRYSTAL RIVER FL 34429
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1368822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EADIE MORROW, MANAGER
 11680 W DIXIE SHORES DR
 11680 W DIXIE SHORES DR
 CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	ROOT, RALPH	
STREET ADDRESS	11428 W BAYSHORE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDERSON, KENNETH	
STREET ADDRESS	11603 W BAYSHORE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCKEE, GORDON	
STREET ADDRESS	11402 W BAYSHORE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORP, JAMES	
STREET ADDRESS	11364 W BAYSHORE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELSON, RONALD	
STREET ADDRESS	1277 N OSPREY PT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	P	<input type="checkbox"/> Delete
NAME	DURHAM, CLAY	
STREET ADDRESS	11364 W BAYSHORE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS SLIMAN	
STREET ADDRESS	11474 W. Bayshore Dr.	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD FRISHMAN	
STREET ADDRESS	11576 W. Kingfisher Ct.	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on

SIGNATURE

Gordon McKee *4/20/01*

352-795-7104

Date

Daytime Phone #

CR2E037 (10/00)