2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90093 015 ****61.25

DOCUMENT # 724786

1. Entity Name

#1

ISLAND-AINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
302 BRANDYWINE DR. LARGO FL 33771 US	P.O BOX 3007 CLEARWATER FL 33767-8007 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-1699773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLIDAY, J ARDEN
302 BRANDYWINE DR.
[illegible]
LARGO FL 33771

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILING 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-D DINO-JANUS 644 ISLAND-WAY # 307 CLEARWATER FL 33767 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-D CHUCK-COLLARD 644-ISLAND-WAY # 508 CLEARWATER FL 33767 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T-D CHUCK-HINES 644-ISLAND-WAY #102 CLEARWATER FL 33767 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S-D GABRIELLE-SNAPP 644 ISLAND-WAY #401 CLEARWATER FL 33767 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JIM-STEESON 644 ISLAND-WAY #101 CLEARWATER FL 33767 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHARLOTTE-RHODES 644 ISLAND-WAY #707 CLEARWATER-FL. 33767 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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 informatic 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

727-461-5370

SIGNATURE: DINO JANUS 4/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CLIENT ISLANDP

#724786
A0065063

DAVIDSON, JAMIESON & ASSOC. PA
1956 BAYSHORE BLVD.
DUNEDIN, FL 34698
(727) 734-5437

February 16, 2000

ISLAND POINT 1 CONDO ASSOC INC
C/O HOLIDAY MGMT INC.
P.O. BOX 3007
CLEARWATER, FL 33767

Dear Client:

Enclosed is your 1999 Federal Corporation Income Tax Return. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail the Federal return on or before March 15, 2000 to:

INTERNAL REVENUE SERVICE
ATLANTA, GA 39901-0012

Enclosed is your 1999 Florida Corporation Income Tax Return. The original should be signed on page 2. No tax is payable with the filing of this return. Mail the Florida return on or before April 3, 2000 to:

FLORIDA DEPARTMENT OF REVENUE
5050 W. TENNESSEE STREET
TALLAHASSEE, FL 32399-0135

Enclosed is your 2000 Florida Corporation Intangible Tax Return. The original should be signed on page 1. No tax is payable with the filing of this form. Mail your Florida return on or before February 28, 2000 to:

FLORIDA DEPARTMENT OF REVENUE
5050 W. TENNESSEE ST.
TALLAHASSEE, FL 32399-0140

Please be sure to call if you have any questions.

Sincerely,

John N. Davidson

Form **1120**

Department of the Treasury
Internal Revenue Service

U. S. Corporation Income Tax Return

724786 A0065063

For calendar year 1999 or tax year beginning _____, 1999 ending _____

1999

▶ Instructions are separate. See page 1 for Paperwork Reduction Act Notice.

A Check if a:
1 Consolidated return (attach Form 851) ☐
2 Personal holding co. (attach Sch. PH) ☐
3 Personal service corp. (as defined in Temporary Regs. sec. 1.441-4T - see instructions) ☐

Use IRS label. Otherwise, please print or type.

ISLAND POINT 1 CONDO ASSOC INC
C/O HOLIDAY MGMT INC.
P.O. BOX 3007
CLEARWATER, FL 33767

B Employer identification number: 59-1699773

C Date incorporated: 1/01/1986

D Total assets (see page 8 of instru): $ 102,

E Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Change of address

INCOME	1a Gross receipts/sales		b Less returns & allowances	c Balance ▶	1c	
	2 Cost of goods sold (Schedule A, line 8)				2	
	3 Gross profit. Subtract line 2 from line 1c				3	
	4 Dividends (Schedule C, line 19)				4	
	5 Interest				5	3,
	6 Gross rents				6	
	7 Gross royalties				7	
	8 Capital gain net income (attach Schedule D (Form 1120))				8	
	9 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)				9	
	10 Other income (see page 7 of instructions - attach schedule) See Statement 1				10	114,(
	11 **Total income.** Add lines 3 through 10 ▶				11	117,1
DEDUCTIONS (See instructions for limitations)	12 Compensation of officers (Schedule E, line 4)				12	
	13 Salaries and wages (less employment credits)				13	
	14 Repairs and maintenance				14	
	15 Bad debts				15	
	16 Rents				16	
	17 Taxes and licenses				17	4
	18 Interest				18	
	19 Charitable contributions (see page 9 of instructions for 10% limitation)				19	
	20 Depreciation (attach Form 4562)	20				
	21 Less depreciation claimed on Schedule A and elsewhere on return	21a			21b	
	22 Depletion				22	
	23 Advertising				23	
	24 Pension, profit-sharing, etc., plans				24	
	25 Employee benefit programs				25	
	26 Other deductions (attach schedule) See Statement 2				26	111,7(
	27 **Total deductions.** Add lines 12 through 26 ▶				27	112,1[illegible]
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11				28	4,9[illegible]
	29 **Less:** a Net operating loss (NOL) deduction (see page 11 of instr.) Stmt 3	29a	4,994			
	b Special deductions (Schedule C, line 20)	29b			29c	4,9[illegible]
TAX AND PAYMENTS	30 **Taxable income.** Subtract line 29c from line 28				30	
	31 **Total tax** (Schedule J, line 12)				31	
	32 **Payments:**					
	a 1998 overpayment credited to 1999	32a				
	b 1999 estimated tax payments	32b				
	c Less 1999 refund applied for on Form 4466	32c ( )	d Bal ▶	32d	0	
	e Tax deposited with Form 7004			32e		
	f Credit for tax paid on undistributed capital gains (attach Form 2439)			32f		
	g Credit for Federal tax on fuels (attach Form 4136). See instructions			32g		
	33 Estimated tax penalty (see page 12 of instructions). Check if Form 2220 is attached ▶ ☐				32h	
	34 **Tax due.** If line 32h is smaller than the total of lines 31 and 33, enter amount owed				33	
	35 **Overpayment.** If line 32h is larger than the total of lines 31 and 33, enter amount overpaid				34	
	36 Enter amount of line 35 you want: **Credited to 2000 estimated tax** ▶			**Refunded** ▶	35	
					36	

YOUR COPY

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ Date ▶ Title

Paid Preparer's Use Only

Preparer's signature ▶ Date Check if self-employed ☐ Preparer's SSN or PTIN 424-64-2930

Firm's name (or yours, if self-employed) and address ▶ DAVIDSON, JAMIESON & ASSOC. PA
1956 BAYSHORE BLVD.
DUNEDIN, FL

EIN ▶59-3417255

ZIP code ▶34698

KFA

Form 1120

For calendar year 1999 or tax year beginning 1/01, 1999
ending 12/31,1999

#724786
A0065063

871621999123100020050378359169977300005

Name ISLAND POINT 1 CONDO
Name C/O HOLIDAY MGMT INC.
Address P.O. BOX 3007
City/State/ZIP CLEARWATER, FL 33
☐ Check here if any changes have been made to name or a

FEIN 59-1699773

Computation of Florida Net Income and Emergency Excise Tax

1. Federal taxable income **Attach pages 1-4 of Federal Return** .... Check here if negative ____
2. State income taxes deducted in computing federal taxable income (attach schedule) .... Check here if negative ____
3. Additions to federal taxable income (from Schedule I) .... Check here if negative ____ 4,
4. Total of Lines 1 through 3 .... Check here if negative ____ 4,
5. Subtractions from federal taxable income (from Schedule II) .... Check here if negative ____
6. Adjusted federal income (Line 4 minus Line 5) .... Check here if negative ____ 4,
7. Florida portion of adjusted federal income (see instructions) .... Check here if negative ____ 4
8. Non-business income allocated to Florida (see instructions) .... Check here if negative ____
9. Florida Exemption 4
10. Florida net income (Line 7 plus Line 8 minus Line 9) ....
11. Tax due: 5.5% of Line 10 or amount from Line 11, Schedule VI, whichever is greater
12. Credits against the tax from Line 19, Schedule V ....
13. Emergency excise tax due (from Schedule A, Line 20) ....
14. Total income/franchise and emergency excise tax due ....
15. a) Penalty: F-2220 ________ b) Other ________ Line 15 Total ▶
    c) Interest: F-2220 ________ d) Other ________
16. Total of Lines 14 and 15 ....
17. Payment credits: Estimated tax payments 17a $
    Tentative tax payment 17b $
18. Total amount due or overpayment (Line 16 minus Line 17)
    ☐ Check here if you transmitted funds electronically ....
19. Credit: Enter amount of overpayment credited to next year's estimated tax ....
20. Refund: Enter amount of overpayment to be refunded ....

Payment Coupon

YEAR ENDING 12/31,1999

Do Not Detach

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.
Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronical

Check here if you do not want the Department t send you a form next year. (*see back of coupon)

Name ISLAND POINT 1 CONDO ASSOC INC
Name C/O HOLIDAY MGMT INC.
Address P.O. BOX 3007
City/State/ZIP CLEARWATER, FL 33767

591699773	499400	0	0
1011999	0	0	0
12311999	499400	0	0
000000001	0	0	0
0	0	0	0
202	0	0	0
0	0	0	0
0	499400	0	0

8716 2 19991231 0002005037 8 3591699773 0

#724786
A0065063 CLIENT

Form **1120**
Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 1998 or tax year beginning _____, 1998, ending _____, 19__

▶ Instructions are separate. See page 1 for Paperwork Reduction Act Notice.

OMB No. 1545-0123

1998

A Check if a:
1 Consolidated return (attach Form 851)
2 Personal holding co. (attach Sch. PH)
3 Personal service corp. (as defined in Temporary Regs. sec. 1.441-4T -- see instructions)

Use IRS label. Other-wise, print or type.

Name — No., street, and room or suite no. — City/town, state, and ZIP code

ISLAND POINT 1 CONDO ASSOC. INC.
C/O SUNSTATE ACCOUNTING & MANAGEMENT
PO BOX 1191
OLDSMAR, FL 34677

B Employer identification no. 59-1699773

C Date incorporated 01/01/86

D Total assets (see page 5 of inst.) $ 84,902.

E Check applicable boxes: (1) Initial return (2) Final return (3) Change of address

Income	1a Gross receipts/sales 131,765.	b Less returns and allowances	c Bal ▶	1c	131,765.
	2 Cost of goods sold (Schedule A, line 8)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	131,765.
	4 Dividends (Schedule C, line 19)			4	
	5 Interest			5	5,351.
	6 Gross rents			6	
	7 Gross royalties			7	
	8 Capital gain net income (attach Schedule D (Form 1120))			8	
	9 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)			9	
	10 Other income (see page 6 of instructions -- attach schedule)			10	
	11 **Total income.** Add lines 3 through 10 ▶			11	137,116.
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (Schedule E, line 4)			12	
	13 Salaries and wages (less employment credits)			13	
	14 Repairs and maintenance			14	
	15 Bad debts			15	
	16 Rents			16	
	17 Taxes and licenses			17	
	18 Interest			18	
	19 Charitable contributions (see page 8 of instructions for 10% limitation)			19	
	20 Depreciation (attach Form 4562)	20			
	21 Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	
	22 Depletion			22	
	23 Advertising			23	
	24 Pension, profit-sharing, etc., plans			24	
	25 Employee benefit programs			25	
	26 Other deductions (attach schedule)			26	146,297.
	27 **Total deductions.** Add lines 12 through 26 ▶			27	146,297.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28	-9,181.
	29 Less: a Net operating loss deduction (see page 9 of instructions)	29a			
	b Special deductions (Schedule C, line 20)	29b		29c	
	30 **Taxable income.** Subtract line 29c from line 28			30	-9,181.
	31 **Total tax** (Schedule J, line 12)			31	
Payments and credits	32 Payments: a 1997 overpayment credited to 1998	32a			
	b 1998 estimated tax payments	32b			
	c Less 1998 refund applied for on Form 4466	32c ( )	d Bal ▶	32d	
	e Tax deposited with Form 7004			32e	
	f Credit for tax paid on undistributed capital gains (attach Form 2439)			32f	
	g Credit for Federal tax on fuels (attach Form 4136). See instructions			32g	
				32h	
	33 Estimated tax penalty (see page 10 of instructions). Check if Form 2220 is attached ▶ ☐			33	
	34 **Tax due.** If line 32h is smaller than the total of lines 31 and 33, enter amount owed			34	
	35 **Overpayment.** If line 32h is larger than the total of lines 31 and 33, enter amount overpaid			35	
	36 Enter amount of line 35 you want: **Credited to 1999 estimated tax** ▶		**Refunded** ▶	36	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ ▶ DIRECTOR Title

Paid Preparer's Use Only

Preparer's signature ▶ J. Whaley	Date 03/10/99	Check if self-employed ☐	Preparer's SSN 066-44-4332	
Firm's name (or yours if self-employed) and address ▶ SUNSTATE ACCOUNTING INC PO BOX 1191 OLDSMAR, FL			EIN ▶ 59-2742291	ZIP code ▶ 34677

AA 8 112012 NTF 17035 GLD 2870

Old Mut Co