

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90037 029 ****61.25

DOCUMENT # **724786** NONAME CHG
 1. Entity Name
ISLAND-POINT #1-CONDO. ASSOC.

Principal Place of Business Mailing Address
J. ARDEN-HOLIDAY-MGT. J. ARDEN-HOLIDAY MGT.

658721

2. Principal Place of Business 3. Mailing Address
302 BRANDYWINE-DR. PO Box 3007
 Suite, Apt. #, etc. Suite, Apt. #, etc.
LARGO-FL.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
CLEARWATER-FL. 59-1699773 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33771 PINELLAS 33767 PINELLAS

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 Name **J. ARDEN-HOLIDAY - MGT.**
 Street Address (P.O. Box Number is Not Acceptable)
302-BRANDYWINE-DR.
 City **LARGO FL** Zip Code **33771**

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 *J. Arden-Holiday* **J. ARDEN-HOLIDAY** **4/28/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 <input type="checkbox"/> Delete 644 ISLAND-WAY - #307 CLEARWATER-FL-33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LESLIE-DOWLING <input type="checkbox"/> Change <input type="checkbox"/> Addition 644-ISLAND-WAY #502 CLEARWATER-FL-33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D CHUCK-COLLARD <input type="checkbox"/> Delete 644 ISLAND-WAY - #508 CLEARWATER-FL-33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. CHUCK-HINES <input type="checkbox"/> Delete 644-ISLAND-WAY-#102 CLEARWATER-FL-33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. DOROTHY-CLARK <input type="checkbox"/> Delete 644-ISLAND-WAY-#702 CLEARWATER-FL-33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLOTTE-RHODES <input type="checkbox"/> Delete 644-ISLAND-WAY #707 CLEARWATER-FL-33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. HELEN-TSAPRAZIS <input type="checkbox"/> Delete 644-ISLAND-WAY-#608 CLEARWATER-FL-33767	TITLE 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Charles A. Hines* **CHARLES A. HINES** **4-30-01** **(727) 441-4008**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)