

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91191 019 \*\*\*\*61.25

**DOCUMENT # 724786**

1. Entity Name

**ISLAND POINT, INC., NO. 1, A CONDOMINIUM**

Principal Place of Business

Mailing Address

302 BRANDYWINE DR  
 LARGO FL 33771  
 US

PO BOX 3007  
 CLEARWATER FL 33767  
 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

**59-1699773**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARDEN-HOLIDAY, J MGT**  
**302 BRANDYWINE DR**  
**LARGO FL 33771**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	HINES, CHUCK	
STREET ADDRESS	644 ISLAND WAY #102	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	<del>P-D</del>	<input type="checkbox"/> Delete
NAME	COLLARD, CHUCK	
STREET ADDRESS	644 ISLAND WAY, #508	
CITY-ST-ZIP	CLEARWATER-FL-33767	
TITLE	<del>S-D</del>	<input type="checkbox"/> Delete
NAME	DINO, JANUS	
STREET ADDRESS	644 ISLAND WAY #307	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>GERARD</del>	
STREET ADDRESS	<del>644 ISLAND WAY #102</del>	
CITY-ST-ZIP	<del>CLEARWATER FL 33767</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>RHODES</del>	
STREET ADDRESS	<del>644 ISLAND WAY #102</del>	
CITY-ST-ZIP	<del>CLEARWATER FL 33767</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>TSAMAZIO HELEN</del>	
STREET ADDRESS	<del>644 ISLAND WAY #102</del>	
CITY-ST-ZIP	<del>CLEARWATER FL 33767</del>	

TITLE		<input 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	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOCRATAS-LAMBROS	
STREET ADDRESS	644 ISLAND-WAY # 408	
CITY-ST-ZIP	CLEARWATER-FL-33767	
TITLE		<input 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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*SIGNATURE REQUIRED*  
 "Print" 727-447-8395/15/02

CR2E037 (9/01)