

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90108 018 \*\*\*\*61.25

**DOCUMENT # 724786**

1. Entity Name

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



Principal Place of Business

Mailing Address

**First Choice Association Management, Inc.  
1174 Woodlands Parkway  
Palm Harbor, FL 34685**

**First Choice Association Management, Inc.  
4174 Woodlands Parkway  
Palm Harbor, FL 34685**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1699773**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**First Choice Association Management, Inc.  
4174 Woodlands Parkway  
Palm Harbor, FL 34685**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINES, CHUCK</b>	NAME	
STREET ADDRESS	<b>644 ISLAND WAY #102</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<b>PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLARD, CHUCK</b>	NAME	<b>John VANDERMAY</b>
STREET ADDRESS	<b>644 ISLAND WAY, #508</b>	STREET ADDRESS	<b>644 ISLAND WAY #204</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	CITY-ST-ZIP	<b>CLEARWATER, FL 33767</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<b>I</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DINO, JANUS</b>	NAME	
STREET ADDRESS	<b>644 ISLAND WAY #307</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMBROS, SOCRATES</b>	NAME	<b>WILLIAM SPRINGER</b>
STREET ADDRESS	<b>644 ISLAND WAY #408</b>	STREET ADDRESS	<b>644 ISLAND WAY #203</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	CITY-ST-ZIP	<b>CLEARWATER, FL 33767</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>DICK KANAKIS</b>
STREET ADDRESS		STREET ADDRESS	<b>644 ISLAND WAY #703</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>CLEARWATER, FL 33767</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 reports 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 REQUIRED**

**4-7-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)