

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91557 016 ****61.25

DOCUMENT # 729695

1. Entity Name

ISLAND TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~570 CASTLE GROUP~~
~~P.O. BOX 103010~~
~~PLANTATION FL 33318~~
~~US~~

~~570 CASTLE GROUP~~
~~P.O. BOX 103010~~
~~PLANTATION FL 33318~~
~~US~~

2. Principal Place of Business

5 Island Ave

3. Mailing Address

5 Island Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach FL

4. FEI Number

59-1704505

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CASTLE MANAGEMENT, INC.~~
~~4450 W. SUNRISE BLVD.~~
~~SUITE 100 G~~
~~PLANTATION FL 33318~~

7. Name and Address of New Registered Agent

Name

Gary Moss, Esq.

Street Address (P.O. Box Number is Not Acceptable)

150 West Flagler Street, Suite 2701

Museum Tamers

City

Miami

FL

Zip Code

33130

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.

Gary Moss, Esq.

(NOTE: Registered Agent signature required when reinstating)

4/10/02

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 NAME	SD URIUS, MARCUS	<input type="checkbox"/> Delete
STREET ADDRESS	5 ISLAND AVENUE, #11J	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE NAME	PD ELLIS, ROSE	<input type="checkbox"/> Delete
STREET ADDRESS	5 ISLAND AVENUE #6-J	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE NAME	VD PHELPS, STEVEN STEPHEN	<input type="checkbox"/> Delete
STREET ADDRESS	5 ISLAND AVE #6H	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	TD TSOUMPAS, PANAGIOTIS	<input type="checkbox"/> Delete
STREET ADDRESS	5 ISLAND AVENUE, #9H	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE NAME	D DECARO, BRANDON	<input type="checkbox"/> Delete
STREET ADDRESS	5 ISLAND AVENUE, #7F	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE NAME	SD RANDO, ALEXANDER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5 ISLAND AVENUE, #4G	
CITY-ST-ZIP	MIAMI FL 33135	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD BAYLISS, KYLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5 ISLAND AVE # 4F	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	

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:

STEPHEN PHELPS
STEPHEN PHELPS, President

(305) 672 5012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)