

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90216 017 \*\*\*\*61.25



DOCUMENT # **729695**

1. Entity Name  
**ISLAND TERRACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**5 ISLAND AVENUE  
MIAMI FL 33139  
US**

Mailing Address  
**5 ISLAND AVENUE  
MIAMI FL 33139  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1704505**

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

**MARS, GARY ESQ.  
150 WEST FLAGLER STREET  
SUITE 2701  
MIAMI FL 33130**

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

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>URIUS, MARCUS</b>	
STREET ADDRESS	<b>5 ISLAND AVENUE, #11J</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIS, ROSE</b>	
STREET ADDRESS	<b>5 ISLAND AVENUE #6-J</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PHELPS, STEVEN</b>	
STREET ADDRESS	<b>5 ISLAND AVE #6H</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TSOUMPAS, PANAGIOTIS</b>	
STREET ADDRESS	<b>5 ISLAND AVENUE, #9H</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DECARO, BRANDON</b>	
STREET ADDRESS	<b>5 ISLAND AVENUE, #7F</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BAYLISS, KYLE</b>	
STREET ADDRESS	<b>5 ISLAND AVE. #4-F</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIAMI BEACH FL</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U.P. [Signature]</b>	
STREET ADDRESS	<b>5 Island Ave</b>	
CITY-ST-ZIP	<b>Miami Beach Fla 33139</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Phelps, Stephen</b>	
STREET ADDRESS	<b>5 Island Ave 6H</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Decredico, Patricia</b>	
STREET ADDRESS	<b>5 Island Ave 11C</b>	
CITY-ST-ZIP	<b>Miami Beach FL 33139</b>	
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: *Stephen Phelps* **28 January 03** 305-672-5012  
DATE OF SIGNATURE OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/02)