

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91345 004 \*\*\*\*61.25

**DOCUMENT # 749991**

1. Entity Name

**ISLAND VIEW CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

241 SKIFF PT. #3  
 CLEARWATER FL 34630

241 SKIFF PT. #3  
 CLEARWATER FL 34630

2. Principal Place of Business

**241 SKIFF PT. #4**

Suite, Apt. #, etc.

3. Mailing Address

**241 SKIFF PT**

Suite, Apt. #, etc.

**#4**



DO NOT WRITE IN THIS SPACE

City & State  
**CLEARWATER FL**

City & State  
**CLEARWATER FL**

4. FEI Number  
**59-1978983**

Applied For  
 Not Applicable

Zip  
**33767**

Country  
**U.S.A.**

Zip  
**33767**

Country  
**U.S.A.**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WALSER, ROBERT**  
**241 SKIFF PT. #3**  
**CLEARWATER FL 34630**

7. Name and Address of New Registered Agent

Name  
**ROBERT JOHNSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**241 SKIFF PT #4**

City  
**CLEARWATER FL** Zip Code  
**33767**

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

**2/26/01**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAUGHTRY, JAMES 231 SKIFF PT. #8 CLEARWATER FL 34630	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSER, ROBERT 241 SKIFF PT. #3 CLEARWATER FL 34630	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALSER, DEBRA 241 SKIFF PT. #3 CLEARWATER FL 34630	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT JOHNSON 241 SKIFF PT. #4 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM FOX 241 SKIFF PT #4 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBIN LONG 241 SKIFF PT #4 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LINDA JOHNSON 241 SKIFF PT #4 CLEARWATER FL 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E037 (10/00)