

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90051 002 \*\*\*\*61.25

**DOCUMENT # 756749**

1. Entity Name

**ISLANDIA I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

9550 S. OCEAN DRIVE  
 JENSEN BCH FL 34957

Mailing Address

9550 S. OCEAN DRIVE  
 JENSEN BCH FL 34957

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 **59-2245738**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CLARK, HARRY**  
**240 SW MARATHON AVE**  
**PT. ST LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name **HARRY CLARK**

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

**158 SW SOUTH DANVILLE CIRCLE**

City **PORT ST. LUCIE**

**FL**

Zip Code **34953**

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

|                               |                                                    |                                 |
|-------------------------------|----------------------------------------------------|---------------------------------|
| TITLE<br>NAME                 | PD<br>MCKAY, EDWARD                                | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>CITY-ST-ZIP | 9550 S. OCEAN DRIVE #1007<br>JENSEN BEACH FL 34957 |                                 |
| TITLE<br>NAME                 | ST<br>VALLEJO, NANCY                               | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>CITY-ST-ZIP | 9550 S OCEAN DR., #1104<br>JENSEN BEACH FL         |                                 |
| TITLE<br>NAME                 | VP<br>PASTOR, TOM                                  | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>CITY-ST-ZIP | 9550 S OCEAN DR., #709<br>JENSEN BEACH FL 34957    |                                 |
| TITLE<br>NAME                 | D<br>JACK HARGEDON                                 | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>CITY-ST-ZIP | 9550 S OCEAN DR #1703<br>JENSEN BEACH FL 34957     |                                 |
| TITLE<br>NAME                 | D<br>GREGORY POWER                                 | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>CITY-ST-ZIP | 9550 S OCEAN DR #603<br>JENSEN BEACH FL 34957      |                                 |
| TITLE<br>NAME                 |                                                    | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>CITY-ST-ZIP |                                                    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                               |                                                                   |
|-------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>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 #

CR2E037 (10/00)