2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 11, 2002 8:00 am DOCUMENT # **756749 Secretary of State** ISLANDIA I CONDOMINIUM ASSOCIATION, INC. 02-11-2002 90175 018 ****61.25 Principal Place of Business Mailing Address 9550 S. OCEAN DRIVE 9550 S. OCEAN DRIVE JENSEN BCH FL 34957 JENSEN BCH FL 34957 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2245738 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CLARK, HARRY 240 SW MARATHON AVE PT. ST LUCIE FL 34953 his statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entity submits SIGNATURE Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ء،10 OFFICERS AND DIRECTORS 11. Gerard mclaughlin Delete TITLE TITLE 9550 S. Ocean Dr. # 1400 NAM ♣ MCKAY, EDWARD NAME STREET ADDRESS 9550 S. OCEAN DRIVE #1007 STREET ADDRESS Jensen Beach, Fl 34957 CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 Change ☐ Addition ST ☐ Defete TITLE TITLE mancy balleso #104 VALLEJO, NANCY NAME NAME STREET ADDRESS 9550 S OCEAN DR., #1104 STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP JENSEN BEACH FL Addition ☐ Change Delete TITLE PASTOR, TOM NAME STREET ADDRESS 9550 S OCEAN DR., #709 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 Addition Delete TITLE TITLE JACK HARGEDON NAME NAME 9550 S OCEAN DR #1703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 Addition ☐ Change **⊠** Delete TITLE TITLE GREGORY POWER NAME NAME STREET ADDRESS STREET ADDRESS 19550 S OCEAN DR #603 CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

CR2E037 (9/01)

561-229-3591

Date

Daytime Phone #