

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

0019214

**DOCUMENT # 764933**

1. Entity Name

**ISLAND'S REACH TOWNHOUSE ASSOCIATION, INC.**

01-22-2001 90151 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8461 NAVARRE PARKWAY  
 NAVARRE FL 32566

P O BOX 5211  
 NAVARRE FL 32566  
 US

*10007714*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2778894**

Applied For

Not Applicable

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

**CURTIS, CALVIN C.**  
**8461 NAVARRE PARKWAY**  
**NAVARRE FL 32566**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CURTIS, CALVIN C.	
STREET ADDRESS	NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, LUTHER S	
STREET ADDRESS	8435 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL-32566	
TITLE	ED	<input type="checkbox"/> Delete
NAME	QUEENAN, REGINALD	
STREET ADDRESS	8411 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOD, DONALD	
STREET ADDRESS	8439 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	POLCZYNSKI, TOM	
STREET ADDRESS	8425 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED BAKER	
STREET ADDRESS	8421 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE, FL 32566	
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:** *Calvin C. Curtis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN C. CURTIS 01/10/01 (850) 939 3213

Date Daytime Phone #

CR2E037 (10/00)