

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90017 005 \*\*\*\*61.25

**DOCUMENT # 764933**

1. Entity Name

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

Principal Place of Business

Mailing Address

8461 NAVARRE PARKWAY  
 NAVARRE FL 32566

P O BOX 5211  
 NAVARRE FL 32566  
 US

2. Principal Place of Business

3. Mailing Address

*PO Box 5211*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*Navarre, FL*

4. FEI Number

**59-2778894**

Applied For

Not Applicable

Zip

Country

Zip  
*32566*

Country  
*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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**

*President*

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*  Delete  
 NAME *resident*  
**CURTIS, CALVIN C.**  
 STREET ADDRESS *President*  
**NAVARRE PARKWAY**  
 CITY-ST-ZIP **NAVARRE FL**

TITLE *D*  Delete  
 NAME **JOSEPH, LUTHER S**  
 STREET ADDRESS **8435 NAVARRE PARKWAY**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE *D*  Delete  
 NAME ~~QUEENAN, REGINALD~~  
 STREET ADDRESS **8411 NAVARRE PARKWAY**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE *D*  Delete  
 NAME **HOOD, DONALD**  
 STREET ADDRESS **8439 NAVARRE PARKWAY**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE *S*  Delete  
 NAME **POLCZYNSKI, TOM**  
 STREET ADDRESS **8425 NAVARRE PARKWAY**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS *8423 NAVARRE PKW*  
 CITY-ST-ZIP *NAVARRE FL 32566*

TITLE *D*  Change  Addition  
 NAME **LEO HSU**  
 STREET ADDRESS **308 MIRACLE STRIP PARKWAY**  
 CITY-ST-ZIP **SUITE 10C FT WALTON BEACH FL 32548**

TITLE *D*  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE *D*  Change  Addition  
 NAME **CECELIA HOLLEY**  
 STREET ADDRESS **8445 NAVARRE PARKWAY**  
 CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE  Change  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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*SIGNATURE: CALVIN C. CURTIS 1-22-02*  
*550-939-7213*

CR2E037 (9/01)