

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767967

1. Entity Name

ISLAND PARK VILLAGE, SECTION I, CONDOMINIUM ASSO

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90107 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% JACK W. HOWELL  
17747 PORT BOCA COURT  
FT. MYERS FL 33908

% JACK W. HOWELL  
17747 PORT BOCA COURT  
FT. MYERS FL 33908-7103

011000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

**MANARQUELS MANAGEMENT**

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9400 Gladiolus Dr #100

at left

City & State

City & State

Fort Myers, FL

City & State

Zip

Country

Zip

Country

33908

Lee

4. FEI Number

59-2310548

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

JOSEPH ADAMS  
BECKER & POLIAKOFF, PA  
13515 BELL TOWER DR THE COLONNADES #101  
FT MYERS FL 33907

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 D  
NAME RAY D SPANGLER  
STREET ADDRESS 17720 PARK VILLAGE BLVD  
CITY-ST-ZIP FT MEYERS FL

TITLE VD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME HOLZBORN, KATHLEEN  
STREET ADDRESS 17748 PORT BOCA CT  
CITY-ST-ZIP FT. MYERS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME HOWELL, JACK  
STREET ADDRESS 11747 PORT BOCA CT  
CITY-ST-ZIP FT. MYERS FL

TITLE D  
NAME TODD, FERN  
STREET ADDRESS 17720 PORT BOCA CT.  
CITY-ST-ZIP PORT MYERS, FL 33908

TITLE SD  
NAME SPANGLER, ANNA MAE  
STREET ADDRESS 17760 PARK VILLAGE BLVD  
CITY-ST-ZIP FT. MYERS FL

TITLE STD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE HD  
NAME HOSFIELD, LAURA  
STREET ADDRESS 17751 PORT BOCA COURT  
CITY-ST-ZIP FT MYERS FL

TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HEYNE, JEAN  
STREET ADDRESS 17762 PARK VILLAGE BLVD.  
CITY-ST-ZIP FORT MYERS, FL 33908

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

FEB 16 2000

2/11/00

941-488-7707

Date

\* Daytime Phone #

CR2E037 (9/99)