

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

0004743

04-24-2001 90269 011 \*\*\*\*61.25

**DOCUMENT # 767967**

1. Entity Name

**ISLAND PARK VILLAGE, SECTION I, CONDOMINIUM ASSO**

Principal Place of Business

Mailing Address

9400 GLADIOLUS DR 100  
 FORT MYERS FL 33908  
 US

9400 GLADIOLUS DR 100  
 FORT MYERS FL 33908  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2310548**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **ARLENE O'NEILL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**C/O MARQUIS MANAGEMENT, INC.**  
**9400 GLADIOLUS DR. #100**  
 City **FT MYERS** FL Zip Code **33908**

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 *Arlene O'Neill*

**3/20/01**

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**

*acct 51091*

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	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>RAY D SPANGLER</b>	
STREET ADDRESS	<b>17720 PARK VILLAGE BLVD</b>	
CITY-ST-ZIP	<b>FT MEYERS FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>SPANGLER, ANNA MAE</b>	
STREET ADDRESS	<b>17760 PARK VILLAGE BLVD</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOSFIELD, LAURA</b>	
STREET ADDRESS	<b>17751 PORT BOCA COURT</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FERN, TODD</b>	
STREET ADDRESS	<b>17750 PORT BOCA CT</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REILLY, ELSA</b>	
STREET ADDRESS	<b>17754 PARK VILLAGE BLVD.</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>	
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		

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: REILLY, ELSA*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

**4-16-01 941-484-1500**  
 Date Daytime Phone #

CR2E037 (10/00)