NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90055 016 ****61.25

DOCUMENT # 767967

1. Entity Name
ISLAND PARK VILLAGE SECTION I CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
c/o The Management Connection Inc.
8270 College Parkwy, Suite 103
Fort Myers, Florida 33919

Zip | Country LEE

3. Mailing Address
c/o The Management Connection Inc.
8270 College Parkwy, Suite 103
Fort Myers, Florida 33919

Zip | Country LEE

4. FEI Number 59-2333191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ARLENE A. FREDEN

Street (P.O. Box Not Acceptable)
c/o The Management Connection Inc.
8270 College Parkwy, Suite 103

City Fort Myers, Florida 33919 **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 Arlene A. Freden ARLENE A. FREDEN CAM, CFPM 3/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEITING, E. "CHIC" 17750 PORT BOCA COURT FORT MYERS, FLORIDA 33908
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SPANGLER, RAY 17760 PARK VILLAGE BLVD FORT MYERS, FLORIDA 33908
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SPANGLER, ANNA MAE 17760 PARK VILLAGE BLVD FORT MYERS, FLORIDA 33908
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REILLY, ELSA 17754 PORT BOCA COURT FORT MYERS, FLORIDA 33908
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anna Mae Spangler 3/27/03