

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90464 044 ***150.00

DOCUMENT # H54419
 1. Entity Name
ISLE OF PALMS MOBILE HOMEOWNERS ASSOCIATION, INC

| | |
|---|---|
| Principal Place of Business 7400 46TH AVENUE NORTH LOT 200 ST. PETERSBURG FL 33709 US | Mailing Address 7400 46TH AVE N. LOT 200 ST. PETERSBURG FL 33709 US |
|---|---|



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 59-2038191 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

| | | | | |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|

6. Name and Address of Current Registered Agent

MAKINS, ELMER
7400 46TH AVE N L313
ST PETERSBURG FL 33709

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | VENTURA, LOU | |
| STREET ADDRESS | 7400 46TH AVE N. L 46 | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33709 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | THEOBALD, KEN | |
| STREET ADDRESS | 7400 46 N AVE N 133 | |
| CITY-ST-ZIP | ST PETERSBURG FL 33709 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MAKIN, ELMER | |
| STREET ADDRESS | 7400 46TH AVE N L-141 | |
| CITY-ST-ZIP | ST PETERSBURG FL 33709 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VILETTE, BOB | |
| STREET ADDRESS | 7400 46TH AVE N L-158 | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LYNCH, TOM | |
| STREET ADDRESS | 7400 46TH AVE LOT 327 | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BALLARGEON, GLORIA | |
| STREET ADDRESS | 7400 46TH AVE N LOT | |
| CITY-ST-ZIP | ST PETERSBURG FL 33709 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDI HAUGHT. | |
| STREET ADDRESS | 7400 46TH AVE W. L. 318 | |
| CITY-ST-ZIP | ST. PETES. FL. 33709. | |
| 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 | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Ballargeon Secretary Date: Mar. 13/01 Daytime Phone #: 727-351-3305

CR2E094 (10/00)