

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01849

1. Entity Name

ISLAND CLUB OF TARPON SPRINGS CONDOMINIUM ASSOCI

Principal Place of Business

905 M.L. KING JR. DR.
265
TARPON SPRINGS FL 34689
US

Mailing Address

905 M.L. KING JR. DR.
265
TARPON SPRINGS FL 34689
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2376850

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

RESOURCE PROPERTY MANAGEMENT
905 M.L. KING JR. DR.
STE 265
TARPON SPRINGS FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

103 Cleveland Ave SW
LARGO

City

FL

Zip Code

33770

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RISH, KRIS 1500 SUNSET RD F1 TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TROLZ, DENNIS 1500 SUNSET RD B1 TARPON SPRINGS FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONE, VEDA 1500 SUNSET RD G3 TARPON SPRINGS FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Patrick Nessley 1500 Sunset Rd #D1 Tarpon Springs FL 34689	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STLO Joan Noonan 1500 Sunset Rd AS Tarpon Springs FL 34689	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

3/14/00

581-2662

Date

Daytime Phone #

CR2E037 (9/99)