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**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90022 042 \*\*\*\*70.00

<b>DOCUMENT # N18328</b>			
1. Entity Name <b>INTERBAY OAKS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>J+R PROPERTY MGMT TAMPA FL 33611</b>		Mailing Address <b>4411 PEARL AVE. TAMPA FL 33611-5621</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MERCER, MONICA 8101 INTERBAY BLVD UNIT C TAMPA FL 33611</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2763846** Applied For Not  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	MERCER, MONICA		NAME	Mercer, Monica	
STREET ADDRESS	8101 INTERBAY BLVD. C		STREET ADDRESS	8101 Interbay Blvd. C	
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	Tampa, FL 33616	
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	MERCER, MARY		NAME	Broye, Richard	
STREET ADDRESS	8101 INTERBAY BLVD. C		STREET ADDRESS	6831 S. Wall St.	
CITY-ST-ZIP	TAMPA FL 33616		CITY-ST-ZIP	Tampa, FL 33616	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	HOWLAND, CAROL		NAME	Albritton, Heather	
STREET ADDRESS	8101 INTERBAY BLVD. UNIT K		STREET ADDRESS	6831 S. Wall St.	
CITY-ST-ZIP	TAMPA FL 33616		CITY-ST-ZIP	Tampa, FL 33616	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME	MIMONS, HEATHER T		NAME		
STREET ADDRESS	6831 WELL ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33616		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME	JONSEF, GARY		NAME		
STREET ADDRESS	8101 INTERBAY BLVD. UNIT E		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33616		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: MARCUS A. REQUIER President 1/14/00 RB/239 8024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #