

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

0053828

**DOCUMENT # N25466**

1. Entity Name

**THE ISLAND PROPERTY OWNERS' ASSOCIATION, INC.**

04-13-2001 90025 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

275 TONEY PENNA DR.  
 SUITE 7  
 JUPITER FL 33458  
 US

275 TONEY PENNA DR.  
 SUITE 7  
 JUPITER FL 33458  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0076976**

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

**KUNKLE, CRAIG JR.**  
**275 TONEY PENNA DRIVE, #7**  
**JUPITER FL 33458**

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

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FOX, ROBERT</b>	
STREET ADDRESS	<b>CAYMAN PLACE 28</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FANELLA, FRANK</b>	
STREET ADDRESS	<b>60 CAYMAN PL</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KING, VAL</b>	
STREET ADDRESS	<b>43 CAYMAN PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUTHFIELD, CAROL</b>	
STREET ADDRESS	<b>62 CAYMAN PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STERN, BOBBIE</b>	
STREET ADDRESS	<b>24 CAYMAN PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>BT</b>	<input type="checkbox"/> Delete
NAME	<b>LASNICK, JULIUS</b>	
STREET ADDRESS	<b>39 CAYMAN PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	

TITLE	<b>E. RUSSO</b>	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>81</b>			
STREET ADDRESS	<b>CAYMAN PLACE</b>			
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL</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				
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 title empowered.

SIGNATURE:

*Signature of Frank Fanella*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK FANELLA** 4/5/01 (561) 595-772

Date

Daytime Phone #

CR2E037 (10/00)