

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90045 031 ****61.25

DOCUMENT # N43591

1. Entity Name

ISLAMORADA AT CORAL BAY VILLAGE ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O ALLIANCE PROPERTY SYSTEMS
 7101 W COMMERCIAL BLVD., STE. 4-A
 FT. LAUDERDALE FL 33319
 US

P O BOX 26478
 FT. LAUDERDALE FL 33320-6478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0404359

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

JOHNSON, ROBERT E
3258 W. BUENA VISTA DR
MARGATE FL 33063

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	DT	<input type="checkbox"/> Delete
NAME	MARCHUCK, JEFFREY C	
STREET ADDRESS	3275 W. BUENA VISTA DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NOSS, RONNIE	
STREET ADDRESS	6773. SALTAIRE TERR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT E	
STREET ADDRESS	3258 W. BUENA VISTA DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: *ROBERT E JOHNSON*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-01

Date Daytime Phone #

CR2E037 (10/00)