

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-24-2002 90032 035 ****61.25

DOCUMENT # N43591

1. Entity Name

ISLAMORADA AT CORAL BAY VILLAGE ASSOCIATION, INC

23617

Principal Place of Business C/O J & L PROPERTY MANAGEMENT, INC. 10191 W SAMPLE RD SUITE 203 CORAL SPRINGS FL 33065 US	Mailing Address C/O J & L PROPERTY MANAGEMENT, INC. 10191 W SAMPLE RD SUITE 203 CORAL SPRINGS FL 33065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0404359		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent JOHNSON, ROBERT E 3258 W. BUENA VISTA DR MARGATE FL 33063 <i>James Caldwell 20 J&L Property Mgmt 10191 W. Sample Rd. Suite 203 Coral Springs, FL 33065</i>				7. Name and Address of New Registered Agent Name: <i>Nindy Whitecraft</i> Street Address (P.O. Box Number is Not Acceptable): <i>3274 W. Buena Vista Dr</i> City: <i>Margate</i> FL Zip Code: <i>33063</i>			
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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]* DATE: *4/4/02*

Signature of registered agent or principal officer (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DT NAME: MARCHUCK, JEFFREY C STREET ADDRESS: 3275 W. BUENA VISTA DR CITY-ST-ZIP: MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE: P NAME: <i>Nindy Whitecraft</i> STREET ADDRESS: <i>3274 W. Buena Vista Margate, FL 33063</i> CITY-ST-ZIP: <i>Margate, FL 33063</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: NOSS, RONNIE STREET ADDRESS: 8773 SALTAIRE TERR CITY-ST-ZIP: MARGATE FL 33063	<input checked="" type="checkbox"/> Delete	TITLE: DS NAME: <i>Francisco Soarez</i> STREET ADDRESS: <i>3163 W. Buena Vista Margate, FL 33063</i> CITY-ST-ZIP: <i>Margate, FL 33063</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DP NAME: JOHNSON, ROBERT E STREET ADDRESS: 3258 W. BUENA VISTA DR CITY-ST-ZIP: MARGATE FL 33063	<input checked="" type="checkbox"/> Delete	TITLE: DS NAME: <i>George Peak</i> STREET ADDRESS: <i>3282 W. Buena Vista Margate, FL 33063</i> CITY-ST-ZIP: <i>Margate, FL 33063</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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]* Date: *3-6-02* Daytime Phone # *954-9560216*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)