

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90072 032 ****61.25

DOCUMENT # N43591



1. Entity Name
ISLAMORADA AT CORAL BAY VILLAGE ASSOCIATION, INC

Principal Place of Business
**C/O J & L PROPERTY MGMT. INC.
10191 W SAMPLE RD. SUITE 203
CORAL SPRINGS FL 33065
US**

Mailing Address
**C/O J & L PROPERTY MGMT. INC.
10191 W SAMPLE RD. SUITE 203
CORAL SPRINGS FL 33065
US**

90022919



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
C/O SUNDANCE PROP. MGMT. CORP.

3. Mailing Address
SAME

Suite, Apt. #, etc.
11510 W. SAMPLE RD. #5

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

City & State

Zip
33065

Country
USA

Zip

Country

4. FEI Number **65-0404359**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CALDONAZZO, JAMES
10191 W SAMPLE RD STE 203
CORAL SPRINGS FL 33063**

7. Name and Address of New Registered Agent
Name **SUNDANCE PROP. MGMT. CORP.**
Street Address (P.O. Box Number is Not Acceptable)
11510 W. SAMPLE RD. #5
City **CORAL SPRINGS** FL Zip Code **33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GLENN R. STEFF, II** DATE **1/21/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARCHUCK, JEFFREY C 3275 W. BUENA VISTA DR MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SOAE, GERARGE 3282 W. BUENA VISTA MARGATE FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITCRAFT, MINDY 3274 W BUENA VISTA DR MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOAREZ, FRANCISCO 3163 W BUENA VISTA DR MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPINELLA, JOHN 3202 W BUENA VISTA DR MARGATE FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEEK, GEORGE 3202 W. BUENA VISTA DR. MARGATE, FL. 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE, MINDY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMAGAE, GLADIS 11510 W. SAMPLE RD. #5 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: **JEFFREY C. MARCHUCK** DATE **1/21/03**
Signature, typed or printed name of signing officer or director

CR2E037 (10/02)