2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90142 038 ****61.25

DOCUMENT # N96000002435

1. Entity Name

VILLAS AT ISLAND CLUB CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
P.O. BOX 422304 KISSIMMEE FL 34742	P.O. BOX 422304 KISSIMMEE FL 34742

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5401 S. Kirkman Rd	5401 S Kirkman Rd
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: 300
City & State: Orlando Fl	City & State: Orlando Fl
Zip: 32819 Country:	Zip: 32819 Country:

4. FEI Number: 59-3550874 ☐ Applied For ☐ Not Applicable

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
M.D. SERVICES, INC. 2777 POINCIANA BLVD. KISSIMMEE FL 34746	Name: Community Mgmt Prof Inc Street Address (P.O. Box number is Not Acceptable): 5401 S Kirkman Rd City: Orlando FL Zip Code: 32819

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: Rul Arporter for — 4-15-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIDKEY, LYNNE 3205 A SABEL PALMS CT KISSIMMEE FL 34747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/P ROBERT PATTERSON 3204 QUEEN PALMS CT KISSIMMEE FL 34747 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SNYDER, LAURA 2920 LAKESIDE DRIVE HIGHLAND VILLAGE TX 75077-6445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T MICHAEL SIMPSON 804 TOPAZ ST SUPERIOR, CO 80027 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILLER, NORMAN 3407 OAK ALLEY CT #210 TOLEDO OH 43606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S LAURA SNYDER 2920 LAKESIDE DR Highland Village, TX 75077 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 Patterson — Robert Patterson — 4/17/02 — 407/903-9969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #