

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0014551

DOCUMENT # N97000001057

1. Entity Name

ISLAND CROSSINGS II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 510094
 MELBOURNE BEACH FL 32951-0094

PO BOX 510094
 MELBOURNE BCH FL 32951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1980 N Atlantic Ave

1980 N Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

701

701

City & State

City & State

Cocoa Beach FL

Cocoa Beach FL

Zip 32931

Country

USA

Zip 32931

Country

USA

4. FEI Number

59-3437857

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

WRENN, RICHARD
 200 ALLAN LANE
 406 AVENUE B
 MELBOURNE BEACH FL 32951

Name

Pete Davis

Street Address (P.O. Box Number is Not Acceptable)

1980 N Atlantic Ave # 701

City

Cocoa Beach

FL

Zip Code

32931

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

Pete Davis

3/22/02

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	DV	<input checked="" type="checkbox"/> Delete
NAME	WHITBY, PAUL	
STREET ADDRESS	1201 POTOMAC DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, WILLIAM	
STREET ADDRESS	1295 POTOMAC DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LATHEROW, DEBORAH	
STREET ADDRESS	1277 POTOMAC DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HOATS, DAN	
STREET ADDRESS	1178 POTOMAC DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKIRKO, RICHARD	
STREET ADDRESS	2589 HUDSON AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	IRVIN, JAMIE	
STREET ADDRESS	1254 POTOMAC DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bédard, Claire	
STREET ADDRESS	2585 Hudson Ave	
CITY-ST-ZIP	Merritt Isl FL 32952	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wahner, Kathy	
STREET ADDRESS	1203 Potomac Dr	
CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Madden, Roger	
STREET ADDRESS	1264 Potomac Dr	
CITY-ST-ZIP	Merritt Isl FL 32952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawhon, David	
STREET ADDRESS	1268 Potomac Dr	
CITY-ST-ZIP	Merritt Isl FL 32952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cremens, Don	
STREET ADDRESS	1266 Potomac Dr	
CITY-ST-ZIP	Merritt Isl FL 32952	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irvin, Jamie	
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:

Jamie Irvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

(321) 984-2091

Daytime Phone #

CR2E037 (9/01)