

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 11, 2000 8:00 am
Secretary of State

03-17-2000 90018 042 ****61.25

DOCUMENT # N01411

1. Entity Name

ISLA KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6025 SUN BOULEVARD
 SUITE 202
 ST. PETERSBURG FL 33715
 US

Mailing Address

6025 SUN BOULEVARD
 SUITE 202
 ST. PETERSBURG FL 33715-1101
 US

2. Principal Place of Business

5901 SUN BLVD
 Suite, Apt. #, etc.
 200
 City & State
 ST. PETE, FL
 Zip
 33715

3. Mailing Address

SAME



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2562971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOROTHY THOMAS
 6025 SUN BLVD.
 SUITE 202
 ST. PETERSBURG FL 33715

7. Name and Address of New Registered Agent

Name
 JUDY CALTER
 Street Address (P.O. Box Number is Not Acceptable)
 SAME
 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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BIGLER, DICK	
STREET ADDRESS	5279 ISLA KEY BLVD #314	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, ROBERT	
STREET ADDRESS	5155 ISLA KEY BLVD #101	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASEY, GEN	
STREET ADDRESS	5155 ISLA KEY BLVD., #403	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUESTON, ROBERT	
STREET ADDRESS	5277 ISLA KEY BLVD #220	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUFTY, WILLIAM	
STREET ADDRESS	5279 ISLA KEY BLVD., #315	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK BIBLER	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRISH KIEFER	
STREET ADDRESS	5153 Isla Key Blvd units 5-114	
CITY-ST-ZIP	ST. Pete FL 33715	
TITLE	Gen Casey	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5151 Isla Key Blvd #403	
STREET ADDRESS	ST. Peter FL 33715	
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE VELHONNE	
STREET ADDRESS	181 Overlook Ave	
CITY-ST-ZIP	Belleville NJ 07109	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY KEETON	
STREET ADDRESS	5281 Isla Key Blvd unit 303	
CITY-ST-ZIP	ST. Petersburg FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

21.

4/19/00