

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-06-2001 90006 040 ****61.25

DOCUMENT # N95000002693

1. Entity Name

ISLAND CAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

3900 S. FLORIDA AVE
LAKELAND FL 33813

Mailing Address

3900 S FLORIDA AVE
LAKELAND FL 33813

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

APOLLO BEACH, FL

33572

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3322602

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 CORBETT, R. DENNIS
 3900 S FLORIDA AVE
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

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

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 reissuing)

DATE

 FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25

 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	D	<input type="checkbox"/> Delete
NAME	CORBETT, R. DENNIS	
STREET ADDRESS	3900 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL 33813	PRESIDENT
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JERRY D	
STREET ADDRESS	3900 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINCART, ROBERT O	
STREET ADDRESS	3900 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. DENNIS CORBETT	
STREET ADDRESS	420 ISLAND CAY WAY	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY SAGES	
STREET ADDRESS	418 ISLAND CAY WAY	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	SECRETARY-TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY MCNEELY	
STREET ADDRESS	430 ISLAND CAY WAY	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. DENNIS CORBETT, PRESIDENT

Date

Daytime Phone #

7/3/01 863-648-4848

CR2E037 (5/01)