

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

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90083 023 \*\*\*\*\*61.25

**DOCUMENT # N03129**

1. Entity Name

**OLD ISLAND INN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**5530 1ST AVE N  
SAINT PETERSBURG FL 33710  
US**

Mailing Address

**P.O. BOX 47068  
ST PETERSBURG FL 33743-7068**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2557505**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LISHFIELD, DEBRA R  
5530 1ST AVE N  
ST. PETERSBURG FL 33110**

7. Name and Address of New Registered Agent

Name **Ronald D. Welton**

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

**5530 1st Ave. No.**

City **St. Petersburg**

FL

Zip Code **33710**

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

*Ronald D. Welton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/27/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **BROCK, HERMAN**  
STREET ADDRESS **1125 PINELLAS BAYWAY, #204**  
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **VPD** ☒ Delete  
NAME **BULLARD, DREW**  
STREET ADDRESS **1125 PINELLAS BAYWAY #106**  
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **STD** ☐ Delete  
NAME **ADAIR, SHARON**  
STREET ADDRESS **805 SW 41ST ST.**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Denise Berry**  
STREET ADDRESS **1125 Pinellas Bayway #200**  
CITY-ST-ZIP **Tierras Verde Fl. 33715**

TITLE **STD** ☐ Change ☒ Addition  
NAME **James Mathon Jr**  
STREET ADDRESS **1125 Pinellas Bayway #301**  
CITY-ST-ZIP **TIERRA VERDE FL. 33715**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

CR2E037 (10/02)