

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90033 009 \*\*\*\*61.25

**DOCUMENT # 713562**

1. Entity Name  
**ISLAND HOUSE SOUTHEAST CONDOMINIUM ASSOCIATION,**

Principal Place of Business <b>300 BEACH ROAD TEQUESTA FL 33469</b>	Mailing Address <b>300 BEACH ROAD TEQUESTA FLA 33469-2868</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

4. FEI Number <b>59-1211801</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
-----	---------	-----	---------	---

**6. Name and Address of Current Registered Agent**  
**CONTE, DONALD**  
**300 BEACH RD**  
**TEQUESTA FL 33469**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GREGORY, ROBERT</b>	
STREET ADDRESS	<b>300 BEACH RD</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAUL, BERARD</b>	
STREET ADDRESS	<b>300 BEACH ROAD</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FINGO, JANE</b>	
STREET ADDRESS	<b>300 BEACH RD</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CONTE, DONALD</b>	
STREET ADDRESS	<b>300 BEACH RD</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LOVELY, ROSEANN</b>	
STREET ADDRESS	<b>300 BEACH ROAD</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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:** *Roseann Lovely*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)