

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725421

1. Entity Name

ISLAND VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2135 N COURTENAY PARKWAY
MERRITT ISLAND FL 32953

Mailing Address

2135 N COURTENAY PARKWAY
MERRITT ISLAND FL 32953-4261

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

59-1558005

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

KANE, CHARLES
5340 N. ATLANTIC AVE
COCOA BEACH FL 32931

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 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	PD	<input checked="" type="checkbox"/> Delete
NAME	EIFLER, GWEN	
STREET ADDRESS	2135 N COURTENAY PKWY #B111	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	YOUNGBLOOD, WARREN	
STREET ADDRESS	2135 N COURTENAY PKWY D126	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANTON, SHIRLEY	
STREET ADDRESS	2135 N COURTENAY PKWY E234	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSEMARY HOFBAUER	
STREET ADDRESS	2135 N COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, JOHN	
STREET ADDRESS	2135 N COURTENAY PKWY #F248	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WICHLAZ, HELEN	
STREET ADDRESS	2135 N COURTENAY PKWY C218	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

11.

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Youngblood, Warren	
STREET ADDRESS	2135 N Courtney Pkwy D126	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Williams	
STREET ADDRESS	2135 N Courtenay Pkwy C225	
CITY-ST-ZIP	Merritt Is, FL 32952	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caroline Timmins	
STREET ADDRESS	2135 N. Courtenay Pkwy C220	
CITY-ST-ZIP	Merritt Is, FL 32952	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitzie Rose	
STREET ADDRESS	2135 N. Courtenay Pkwy C223	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James T. Growley	
STREET ADDRESS	2135 N Courtenay Pkwy., F148	
CITY-ST-ZIP	Merritt Is, FL 32952	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eifler, Gwen	
STREET ADDRESS	2135 N Courtenay Pkwy B111	
CITY-ST-ZIP	Merritt Is, FL 32952	

PD

Youngblood, Warren
2135 N Courtney Pkwy D126
Merritt Island, FL 32952

VPD

Don Williams
2135 N Courtenay Pkwy C225
Merritt Is, FL 32952

Caroline Timmins
2135 N. Courtenay Pkwy C220
Merritt Is, FL 32952
DIR.

Mitzie Rose
2135 N. Courtenay Pkwy C223
Merritt Island, FL 32952
DIR.

TD

James T. Growley
2135 N Courtenay Pkwy., F148
Merritt Is, FL 32952

SD

Eifler, Gwen
2135 N Courtenay Pkwy B111
Merritt Is, FL 32952

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 of Gwen Eifler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90069 012 ****61.25

904000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)