

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725421

1. Entity Name

ISLAND VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2135 N COURTENAY PARKWAY
MERRITT ISLAND FL 32953

2135 N COURTENAY PARKWAY
MERRITT ISLAND FL 32953

#E140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1558005

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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	YOUNGBLOOD, WARREN	
STREET ADDRESS	2135 N. COURTNEY PKWY., D126	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DON	
STREET ADDRESS	2135 N. COURTNEY PKWY., C225	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIMMINS, CAROLINE	
STREET ADDRESS	2135 N. COURTENAY PKWY., C220	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSE, MITZIE	
STREET ADDRESS	2135 N. COURTENAY PKWY., C223	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GROWLEY, JAMES T	
STREET ADDRESS	2135 COURTENAY PKWY., F148	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EIFLER, GWEN	
STREET ADDRESS	2135 N. COURTENAY PKWY. B111	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

All still same
city

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON WILLIAMS	
STREET ADDRESS	2135 N. Courtenay	
CITY-ST-ZIP	#C225	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gwen Eifler	
STREET ADDRESS	2135 N. Courtenay	
CITY-ST-ZIP	#B111	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUELINE ALLEN	
STREET ADDRESS	2135 N. Courtenay	
CITY-ST-ZIP	#F248	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loretta Antupit	
STREET ADDRESS	2135 N. Courtenay Pkwy	
CITY-ST-ZIP	#B109	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren Youngblood	
STREET ADDRESS	2135 N. Courtenay Pkwy	
CITY-ST-ZIP	#D126	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caroline Timmons	
STREET ADDRESS	2135 N. Courtenay Pkwy	
CITY-ST-ZIP	#C220	

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

Date

Daytime Phone #

FILED

Jan 17, 2001 8:00 am

Secretary of State

01-17-2001 90078 036 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)