

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2000 8:00 am**
Secretary of State

04-17-2000 90087 030 ****61.25

DOCUMENT # 729859

1. Entity Name

ISLE OF SAND KEY CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

**C/O PROGRESSIVE MANAGEMENT
2753 STATE ROAD 580 #207
CLEARWATER FL 33761
US****C/O PROGRESSIVE MANAGEMENT
2753 STATE ROAD 580 #207
CLEARWATER FL 33761-3345
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1633133

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

**MEZER, STEVEN H.
1212 COURT ST STE B
CLEARWATER FL 34616**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HAUGSETH, ROY**
STREET ADDRESS **1621 GULF BLVD #1508**
CITY-ST-ZIP **CLEARWATER FL 33767**TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **KOCH, ED**
STREET ADDRESS **1621 GULF BLVD #108**
CITY-ST-ZIP **CLEARWATER FL 33767**TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☒ Delete
NAME **MIKULIZA, MICHAEL**
STREET ADDRESS **1621 GULF BLVD #1008**
CITY-ST-ZIP **CLEARWATER, FL 00000**TITLE **SD** ☐ Change ☒ Addition
NAME **BOWES, GEORGE**
STREET ADDRESS **1621 GULF BLVD. #207**
CITY-ST-ZIP **CLEARWATER FL 33767**TITLE **VD** ☒ Delete
NAME **HOVE, BOB**
STREET ADDRESS **1621 GULF BLVD #203**
CITY-ST-ZIP **CLEARWATER FL 33767**TITLE **TD** ☐ Change ☒ Addition
NAME **DEUTSCH, MARSHALL**
STREET ADDRESS **1621 GULF BLVD., #801**
CITY-ST-ZIP **CLEARWATER FL 33767**TITLE **SD** ☒ Delete
NAME **SALAZMAN, MARILYN**
STREET ADDRESS **1621 GULF BLVD #308**
CITY-ST-ZIP **CLEARWATER FL 33767**TITLE **D** ☐ Change ☒ Addition
NAME **CREEGAN, CARLA**
STREET ADDRESS **1621 GULF BLVD. #306**
CITY-ST-ZIP **CLEARWATER FL 33767**TITLE **D** ☒ Delete
NAME **CREEGAN, JOE**
STREET ADDRESS **1621 GULF BLVD #308**
CITY-ST-ZIP **CLEARWATER FL 33767**TITLE **D** ☐ Change ☒ Addition
NAME **JONAP, MARILYN**
STREET ADDRESS **1621 GULF BLVD., #908**
CITY-ST-ZIP **CLEARWATER FL 33767**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (9/99)

Attachment
D#-729859
#003967

PAGE #2

ADDITION

D

WELSH, CHRISTINE
1621 GULF BLVD., #703
CLEARWATER FL 33767