## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 749385**

1. Entity Name

ISLAND CREST CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 10680 SOUTH OCEAN DR. 10680 SOUTH OCEAN DR. JENSEN BEACH FL 34957 JENSEN BEACH FL 34957-2682 3/2

## Apr 28, 2000 8:00 am Secretary of State

03-02-2000 90116 035 \*\*\*\*61.25

						The state of the					
Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Number Applied For Not Applieable						
Zip	Country	Zip Cou		intry			3.75 Addi	Additional quired			
6. Name and Address of Current Registered Agent						7. Name and	Address of New Regis	stered Age	ent		
YANDOLLI, JOHN				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
	OCEAN DR - UNIT 801										
JENSEN BE	ACH FL 34957			City				FL	Zip Code		
8. The above r	named entity submits this statement for	the purpose of changing its r	egistere	ed office or	register	ed agent, or both	n, in the state of Florida				
	•										
	•				,						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					re required	when reinstating)	<del>-</del>	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											ĺ
FILE NOW: 9. Election Camp.			~~			Make Check Payable to Department of State					
	FEE IS \$61.25	Trust Fund Contribu	ILIOH.		ADDEC	d to Fees	uepai	ument o	1 State		ĺ
10.	OFFICERS AND DIRECTORS 11					ADDITIONS/CHA	ANGES TO OFFICERS	AND DIRE	CTORS IN	10	ļ
	PRES: DENT - DIRECTOR Delete			E						Addition	8
	YANDOLLI, JOHN		NAM					_		-	6
	10680 S OCEAN DRIVE		STRI	EET ADORESS							837
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\ <i>j</i>	Director	☐ Delete	TITL					į	Change	Addition	
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	JENSEN BEACH FL SB VICE PRESIDENT	- Note For			V	<del>.</del>			<b>X</b> Change	☐ Addition	1
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STREET ADDRESS	10680 S OCEAN DR			EET ADDRESS							
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NAME			NAI								
STREET ADDRESS			1	REET ADDRESS							
CITY-ST-ZIP	·			Y-ST-ZIP	<u> </u>					<del></del>	-
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empi or on an attachment with an address,	s true and accurate and that r owered to execute this report	ny signa as requ	ature shall l	rave the	same legal effec	t as if made under oat	h: that I an	n an officer	or director	

SIGNATURE:

2-22-00

561-229-1897